

Case Number:	CM14-0081796		
Date Assigned:	07/18/2014	Date of Injury:	12/27/2012
Decision Date:	08/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old male with an industrial injury date of 12/27/2012. He apparently underwent left shoulder arthroscopic surgery in August 2009. According to the handwritten orthopedic progress report dated 05/06/2013, the patient reports continued left shoulder pain, which ranges 3/10 to 10/10 on Visual Analog Scale (VAS). It also states he has not received physical therapy (PT) in some time. Objective findings on the examination, document full passive range of motion (ROM), active ROM of 165 degrees forward flexion and abduction, 60 degrees ER, full IR, positive Hawkins/Neers/FF/abduction, and grip strength right 70/45/55, and left 45/50/35. Diagnostic assessments appear to include left shoulder impingement syndrome, PTT vs. tendinosis, status post PA/DLE/debridement. Work status is modified duties. The patient had a PTP pain management follow-up on 5/6/2014, with complaints of chronic pain in his cervical spine and shoulders bilaterally. He is status post shoulders surgeries during his clinical course. He is maintained on ibuprofen 400 x 2 per day without side effects. Physical examination documents spasm and tenderness observed in the paravertebral muscle of the cervical spine with decreased flexion and extension and discomfort noted on elevation of upper extremities bilaterally against gravity with impingement test positive. Impressions are shoulders tendinitis/bursitis and cervical radiculopathy. Ibuprofen was refilled with addition of Tylenol 3 #30. Work status remains unchanged. The patient had a PTP pain management follow-up on 6/3/2014, with complaints of chronic pain in his cervical spine, shoulders bilaterally, and lumbar spine. He is status post surgical intervention for the shoulder. He is maintained on combination of patches and ibuprofen. The patient has been approved for orthopedic consultation. Physical examination documents observed spasm and tenderness in the paravertebral muscle of the cervical and lumbar spines with decreased flexion and extension, decreased sensation with pain in C6, C7, L5 and S1 dermatomal distributions bilaterally, and discomfort noted on elevation of

upper extremities bilaterally against gravity. Impressions are shoulders tendinitis/bursitis, cervical radiculopathy, and lumbar sprain/strain. The patient declined an offer of subacromial space injection and trigger point injections for myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy to the Left Shoulder three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to the California MTUS, Physical Medicine Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. According to the 6/3/2014 report, the patient has discomfort noted on elevation of upper extremities bilaterally against gravity. The recent follow-up reports do not document significant functional deficits that would establish the patient presents with an exacerbation or worsening pain with decreased function, to warrant a return to supervised physical therapy. The patient has undergone physical therapy in the past. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records do not establish the patient had notable improvement with prior supervised therapy. Furthermore, it is reasonable that the patient should be well versed in a self-directed home exercise program. Such as, Physical Therapy to the Left Shoulder three times a week for four weeks is not medically necessary.