

Case Number:	CM14-0086032		
Date Assigned:	07/23/2014	Date of Injury:	09/13/2011
Decision Date:	09/23/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 56-year-old female with a date of injury of 09/13/2011. The listed diagnoses per [REDACTED] are: 1. Rotator cuff tendonitis, right shoulder. 2. Rotator cuff tendonitis, left shoulder. 3. A 3-mm herniated nucleus pulposus of the lumbar spine. 4. A 4-mm herniated nucleus pulposus of the cervical spine. 5. Status post right knee arthroscopy and meniscectomy on 10/11/2013. 6. Status post left knee arthroscopy and meniscectomy, 06/27/2013. According to progress report 03/31/2014, the patient presents with bilateral shoulder pain with increased popping. The patient also complains of low back pain radiating into the back of both legs worse on the right. Treater states the patient has started physical therapy for the bilateral shoulders. She also continues to do her home exercises and stretches. Examination revealed tenderness noted over the right shoulder with decreased range of motion in all planes on the right. Treater recommends patient "continue physical therapy 2 times a week at [REDACTED]." Utilization review denied the request on 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Additional 2 x per Week x 4 Weeks, Upper Back, Lower Back, Bilateral Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical

Therapy Guidelines Official Disability Guidelines: Preface. Rotator Cuff Syndrome/
Impingement Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical
Medicine Page(s): 98,99.

Decision rationale: The treater is requesting continuation of physical therapy 2 times a week for 4 weeks for the upper and lower back and bilateral shoulders. For the physical medicine, the MTUS Guidelines pages 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient completed 37 physical therapies to date. [REDACTED] report, 03/18/2014, indicates the patient most recently completed 8 physical therapy sessions. In this case, the treater's request for 8 additional sessions with the 8 recently received exceeds what is recommended by MTUS. In addition, the treater is requesting formalized physical therapy, but states patient is actively participating in a self-directed home exercises and stretching. Therefore, the request is not medically necessary.