

Case Number:	CM14-0087488		
Date Assigned:	07/23/2014	Date of Injury:	12/22/2005
Decision Date:	09/22/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old female with a 12/22/05 date of injury, and status post right shoulder rotator cuff repair (undated). At the time (4/30/14) of request for authorization for Twelve (12) sessions of physical therapy, 2 times a week for 6 weeks for the left shoulder and cervical spine, there is documentation of subjective (persistent neck pain, right shoulder pain, left shoulder slight pain, improving) and objective (limited cervical range of motion, tenderness over trapezius and paravertebrals bilaterally, shoulder depression positive, Spurling's test positive on right, muscle strength 4/5 on right and 5/5 on left in C5, C6, C7, and C8 nerve roots, sensation decreased in C7 and C8 nerve distributions on right, deep tendon reflexes 2+ in brachioradialis and triceps bilaterally, full range of motion of left shoulder, painful arc or motion noted over 135 degrees, tenderness noted over acromioclavicular joint, and muscle strength 4/5 in abduction) findings, current diagnoses (right shoulder rotator cuff tear, status post repair, adhesive capsulitis of right shoulder, left shoulder rotator cuff syndrome, right upper extremity numbness and radicular pain, and chronic cervical strain), and treatment to date (home exercise program and medications (including ibuprofen)). It cannot be determined if this is a request for initial or additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy, 2 times a week for 6 weeks for the left shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical therapy; Shoulders, Physical therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of neck not to exceed 10 visits over 8 weeks; diagnosis of rotator cuff syndrome not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff tear, status post repair, adhesive capsulitis of right shoulder, left shoulder rotator cuff syndrome, right upper extremity numbness and radicular pain, and chronic cervical strain. However, given documentation of a 12/22/05 date of injury, where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Twelve (12) sessions of physical therapy, 2 times a week for 6 weeks for the left shoulder and cervical spine are not medically necessary.