

Case Number:	CM14-0092210		
Date Assigned:	07/25/2014	Date of Injury:	01/09/2014
Decision Date:	10/01/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/18/2014

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 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 is a 51-year-old female with a 1/9/14 date of injury, when she slipped and fell and injured her left upper extremity and right knee. She sustained contusions to the left upper extremity and left radial head fracture. The physical therapy (PT) report dated 4/11/14 indicated that the patient accomplished 16 visits of PT and her range of motion improved. The patient was seen on 5/20/14 with complaints of pain and clicking in the left upper extremity. Exam findings of the left shoulder revealed no evidence of swelling, erythema, ecchymosis or crepitus. The range of motion was: abduction and forward flexion 160 degrees, external rotation and internal rotation 55 degrees. The examination of the left elbow revealed diffuse tenderness to palpation about the lateral aspect of the elbow over the proximal forearm including the region over the radial head. The progress note stated that the patient had PT and noticed improvement. The PT report dated 5/29/14 stated that the patient accomplished 21 visits of PT and that she had 1 more visit left. The patient was able to dress and shower, was able to drive with both hands, was limited to lifting 5 pounds secondary to pain and weakness and was working full time as a custodian. The diagnosis is closed fracture of the head of radius, rotator cuff tendonitis. Radiology report of the left shoulder dated 1/22/14 revealed: no evidence of acute fracture or dislocation and old healed clavicle fracture with mild degenerative changes in the left shoulder. MRI of the left shoulder dated 4/11/14 revealed: significant tendonitis of the rotator cuff without evidence of full thickness tear; mild degenerative changes at the acromioclavicular joint; fluttering and medial subluxation of the long head of the biceps. Treatment to date: arm splint, work restrictions, PT, medications and H-wave. An adverse determination was received on 5/30/14 given that the patient completed 20 physical therapy (PT) sessions for the left elbow and shoulder and that the objective findings showed no significant barriers to transition the patient into an independent home exercise program. The handwritten note from the patient on the decision letter indicated

that she only had 16 PT treatments and only 6 PT for her left shoulder and should receive 24 session to her elbow and 24 sessions to her shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy 2x4 for left shoulder (8 Visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114), and the Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The Official Disability Guidelines recommendation for sprained shoulder are: Medical treatment: 10 visits over 8 weeks; Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks and for rotator cuff syndrome/Impingement syndrome: Medical treatment: 10 visits over 8 weeks; Post-surgical treatment, arthroscopic: 24 visits over 14 weeks; Post-surgical treatment, open: 30 visits over 18 weeks. There is a lack of documentation indicating that the patient underwent left shoulder surgery. An MRI of the left shoulder dated 4/11/14 revealed significant tendonitis of the rotator cuff without evidence of full thickness tear. The PT progress note dated 5/29/14 stated that the patient accomplished 21 visits of PT and that she had 1 more visit left. The patient was able to dress and shower and was able to drive with both of her hands. There is no rationale with regards to the need for PT for the left shoulder and there are no clear specified goals with the additional treatment. In addition, it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request was not medically necessary.