

Case Number:	CM14-0094229		
Date Assigned:	07/25/2014	Date of Injury:	07/15/2011
Decision Date:	09/24/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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 Medicine 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 injured worker is a 73 year old female who sustained an injury to her left shoulder on 07/15/11. The mechanism of injury is not documented. MRI of the left upper extremity dated 12/09/12 documented a large retracted cuff tear with atrophy of the supraspinatus; moderate glenohumeral osteoarthritis. Clinical note dated 04/24/14 reported that the injured worker continued to follow up on the left shoulder pain. The injured worker reported attending physical therapy with some improvement. The injured worker complained of intermittent dull ache in the lateral aspect with overhead activities and abduction. The injured worker reported that range of motion was slowly improving, but would like to focus on gaining strength in the shoulder. The injured worker was currently working. Physical examination of the left shoulder noted tenderness to palpation posteriorly; no tenderness to palpation over the AC joint; mild tenderness to palpation over the bicipital groove; range of motion flexion 150 degrees, external rotation 30 degrees; positive Hawkins and Neer's signs; supraspinatus stress was weak. The injured worker was recommended for additional physical therapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 1-2 times a week for 6 weeks left shoulder- therapeutic Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder chapter, Physical therapy.

Decision rationale: The previous request was denied on the basis that the injured worker had already had 12 visits of physical therapy. Injured workers are instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A modification is consistent with guideline recommendations and will allow for instruction and oversight of an independent home exercise program for education in exercise and strengthening; therefore, the request for additional physical therapy 1-2 times a week x 6 weeks (12 visits) for the left shoulder was modified to 1 time a week x 3 weeks to address remaining functional deficits and educate the patient in a home exercise program. After reviewing the submitted documentation, there was no additional significant information provided for review that would support reversing the previous adverse determination. Given this, the request for additional physical therapy 1-2 times a week for 6 weeks for the left shoulder-therapeutic x 12 visits is not indicated as medically necessary.

Additional physical therapy 1-2 times a week for 6 weeks left shoulder-neuromuscular Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder chapter, Physical thera.

Decision rationale: The previous request was denied on the basis that the injured worker had already had 12 visits of physical therapy. Injured workers are instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A modification is consistent with guideline recommendations and will allow for instruction and oversight of an independent home exercise program for education in exercise and strengthening; therefore, the request for additional physical therapy 1-2 times a week x 6 weeks (12 visits) for the left shoulder was modified to 1 time a week x 3 weeks to address remaining functional deficits and educate the patient in a home exercise program. After reviewing the submitted documentation, there was no additional significant information provided for review that would support reversing the previous adverse determination. Given this, the request for additional physical therapy 1-2 times a week for 6 weeks for the left shoulder-neuromuscular x 12 visits is not indicated as medically necessary.

Additional physical therapy 1-2 times a week for 6 weeks left shoulder-vasopneumatic Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder chapter, Physical therapy.

Decision rationale: The previous request was denied on the basis that the injured worker had already had 12 visits of physical therapy. Injured workers are instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A modification is consistent with guideline recommendations and will allow for instruction and oversight of an independent home exercise program for education in exercise and strengthening; therefore, the request for additional physical therapy 1-2 times a week x 6 weeks (12 visits) for the left shoulder was modified to 1 time a week x 3 weeks to address remaining functional deficits and educate the patient in a home exercise program. After reviewing the submitted documentation, there was no additional significant information provided for review that would support reversing the previous adverse determination. Given this, the request for additional physical therapy 1-2 times a week for 6 weeks for the left shoulder-vasopneumatic x 12 visits is not indicated as medically necessary.