

Case Number:	CM14-0191871		
Date Assigned:	11/25/2014	Date of Injury:	06/18/2014
Decision Date:	01/12/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine 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:

The patient is an injured worker with a history of shoulder injury. Date of injury was 06-18-2014. Physical therapy 3x2 was approved 7/1/14. The primary treating physician's progress report dated 10/1/14 documented a history of partial tear of the supraspinatus tendon, contusion of the shoulder, and impingement syndrome. The patient states that she still has pain and tenderness in the arm. Objective findings were documented. The patient is alert and oriented. There is pain into the right shoulder with abduction and adduction. Grip Strength does elicit pain up into the shoulder as does supination and pronation. Diagnoses were right shoulder strain, contusion right shoulder, and partial tear right supraspinatus tendon tear. Treatment plan included Naproxen. The initial orthopedic consultation dated 10/9/14 documented pain in the right shoulder. Regarding the mechanism of injury, she was pulling down a heavy box, the box fell on the shoulder, and she strained her right shoulder. She has continued to have persistent subacromial pain and distal clavicle pain. Treatment to date has consisted of anti-inflammatory medications and physical therapy. The patient reports she has high blood pressure controlled with diet. She has diabetes controlled with medication. She denies respiratory problems or heart disease. The patient does not smoke and does not abuse alcohol. Objective findings were documented. The right shoulder was examined. There was tenderness of the subacromial bursa with positive Neer's, Hawkins, and Jobe's impingement signs. Tenderness of the acromioclavicular joint and positive AC acromioclavicular joint stress test. Motor, sensation, and pulses are intact. Negative anterior apprehension sign was noted. No instability on palpation of the joint was noted. Diagnosis was symptomatic traumatic impingement syndrome and partial rotator cuff tear. Treatment plan was documented. The patient was given a subacromial cortisone injection. Physical therapy renewal was requested. Physical therapy three times a week for four weeks for the right shoulder was requested 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Physical therapy

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommends 10 visits for rotator cuff syndrome and sprained shoulder. Medical records document that 6 physical therapy PT treatments were approved 7/1/14. No functional improvement with past PT physical therapy treatments was documented in the progress reports dated 10/1/14 and 10/9/14. MTUS and ODG guidelines allow for up to 10 physical therapy visits. No functional improvement with past PT physical therapy treatments were documented. No exceptional factors justifying exceeding MTUS guideline recommendations were documented. Without exceptional factors or functional improvement, the request for 12 additional physical therapy visits is not supported. Therefore, the request for Physical therapy three times a week for four weeks for the right shoulder is not medically necessary.