

Case Number:	CM14-0196607		
Date Assigned:	12/04/2014	Date of Injury:	09/08/2014
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 a 49-year-old woman who sustained a work-related injury on September 8, 2014. Subsequently, she developed chronic left shoulder pain. MRI of the left shoulder dated October 11, 2014 showed severe tendinosis and full-thickness tear of the distal supraspinatus tendon. Tendinosis of the distal infraspinatus tendon. Tendinosis of the proximal long head of the biceps. Small superior labral tear extending into the anterior superior labrum. According to the progress report dated October 29, 2014, the patient continued to have ongoing, severe, and worsening pain in the left shoulder. Examination of the left shoulder revealed tenderness to palpation over the anterior, posterior, and lateral deltoid, biceps tendon; acromioclavicular joint; and anterior and lateral acromion on the left. Impingement test, Neer test, Hawkins test, empty-can supraspinatus test, and Codman drop arm test were all positive on the left. Range of motion of the shoulders was restricted by pain. Dermatomes testing revealed intact sensation to pinprick and light touch throughout the bilateral upper extremity. Myotomes all tested 5/5 throughout the bilateral upper extremity with the exception of 4+/5 strength in the C5 on the left upper extremity. Deep tendon reflexes were 2+ throughout the bilateral upper extremity. The patient was diagnosed with left shoulder rotator cuff tear, left shoulder acromioclavicular arthrosis, and left shoulder impingement syndrome with tendinitis. The provider request authorization for physical therapy for the left shoulder and upper arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder and upper arm, twice weekly for five weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy Section

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

Decision rationale: According to MTUS guidelines, Physical Medicine is <Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)>There is no documentation of the efficacy, number of sessions and outcome of previous physical therapy sessions. There is no documentation that the patient cannot perform home exercise. Therefore, Physical therapy for the left shoulder and upper arm is not medically necessary.