

Case Number:	CM14-0200431		
Date Assigned:	01/14/2015	Date of Injury:	03/01/2004
Decision Date:	03/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old male with a date of injury of March 1, 2004. Results of the injury include the left shoulder. Diagnosis include rotator cuff complete rupture/bilateral, bicep tenosynovitis/bilateral log head of biceps proximal tendon rupture s/p bicep tenodesis sx, cervical radiculitis, status post C4-7 fusion, shoulder pain left, osteoarthritis-shoulder bilateral, rotator cuff arthropathy; s/p left reverse TSA with latissimus dorsi transfer and bicep tenodesis. Treatment has included 64 physical therapy visits, home exercise program, and Ibuprofen. Magnetic Resonance Imaging scan of the lumbar spine dated July 24, 2007 revealed multilevel mild to moderate disc bulges with degenerative disc disease and degenerative facet disease, L1, L2-3, and L4-5. X ray of the left shoulder showed status post left reverse shoulder arthroplasty. Progress report dated November 17, 2014 revealed there was tenderness over the anterior glenohumeral joint with deltoid tenderness bilaterally, Through flexion and abduction there continued to be compensation with the trapazoid. Work status was documented as being instructed to retire. Treatment plan included Ibuprofen and to continue with a home based program. Utilization review form dated November 24, 2014 non certified physical therapy 2-3x6 cervical spine due to noncompliance with MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times a week for 6 weeks Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.