

Case Number:	CM14-0206212		
Date Assigned:	12/18/2014	Date of Injury:	02/03/1992
Decision Date:	02/09/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 a 68 year old male with an injury date of 02/03/92. Based on the 11/17/14 progress report, the patient complains of left shoulder pain with weakness and stiffness. The patient has neck pain that radiates down arm to fingers with numbness and tingling. Physical examination shows decreased range of motion of cervical spine. The range of motion of left shoulder reveals flexion at 170 degrees, abduction at 120 degrees, external rotation at 90 degrees, internal rotation at 90 degrees, and pain at end range. There is AC joint tenderness. The patient has surgical history of lumbar fusion dated 07/22/13. The diagnoses are:1. Osteoarthritis of knee2. Shoulder pain3. Knee pain4. Degeneration of lumbar intervertebral disc5. Degeneration of intervertebral disc6. Post-laminectomy syndrome7. Spinal stenosis of lumbar region8. Neurogenic claudication9. Low back pain10. Disorder of bursa of shoulder region11. Synovitis and tenosynovitis12. Full thickness rotator cuff tear13. Non-traumatic rupture of biceps brachii tendon14. Chondromalacia15. Glenoid labrum detachment16. Degeneration of intervertebral disc17. Left shoulder pain with decreased ROM and AC joint tenderness18. CervicalgiaBased on the 11/13/14 report, the patient is working out doing water exercise and it helps him. X-ray of lumbar spine dated 11/13/14 showed disc height loss L2-3 and osteophyte formation. The treating physician is requesting physical therapy twice a week for 4-6 weeks for the left shoulder per 11/17/14 report. The utilization review determination being challenged is dated 11/21/14. The requesting physician provided treatment reports from 05/07/14-11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: twice a week for 4-6 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical Therapy

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

Decision rationale: This patient presents with left shoulder pain with weakness and stiffness. The request is physical therapy twice a week for 4-6 weeks for the left shoulder. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The utilization review letter states that the patient had right shoulder arthroscopy several years ago on 08/31/11 and the records show 12 therapy post-op sessions were completed. The current request is outside of post-operative time frame and per 11/17/14 report, the treater states the request is to increase range of motion and strengthening of left shoulder. Given that it has been several years since shoulder surgery and given the patient's current ROM and pain issues, a course of 8-10 sessions would appear reasonable. However, the request is for up to 12 sessions, which exceed what is allowed by MTUS. The request IS NOT medically necessary.