

Case Number:	CM14-0072803		
Date Assigned:	09/03/2014	Date of Injury:	09/13/2013
Decision Date:	01/30/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 57-year-old man who sustained a work-related injury on September 13, 2013. Subsequently, the patient developed left shoulder pain. Prior treatments included: medications, CSI, and physical therapy (6 visits certified On July 23, 2014). MRI of the left shoulder dated February 19, 2014 showed a partial rotator cuff tear, SLAP tear, as well as an anterior labral tear with paralabral cyst. According to the progress report dated July 9, 2014, the patient complained of left shoulder pain. Sometimes a dull throbbing pain; however, there have been time in which pain will increase to a level of 10/10, which he described can be sharp and shooting. Overall range of motion was restricted and was accompanied by occasional popping sensations. The pain in the shoulder radiated down the arm to the hand. Examination of the left shoulder revealed mild tenderness to palpation at the AC joint and also along the anterior joint line. The patient was able to actively elevate to about 90 degrees, external rotate to 20 degrees. There was pain with passive stretch. Internal and external rotation strength testing as well as abduction strength testing reproduced pain. Mildly painful bear hugger, positive O'Brien's, positive Mayo-Shear, positive pain with abduction external rotation. The patient was diagnosed with left shoulder partial rotator cuff tear, left shoulder SLAP tear, and anterior labral tear with paralabral cyst. The provider requested authorization for physical therapy for the left shoulder.

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, x 12-18: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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)>.The patient underwent several physical therapy sessions without documentation of clear benefit. There is no clear rationale for additional physical therapy. There is no documentation that the patient is not able to do home exercise. In addition, the request for additional Physical therapy, x12-18, for left shoulder is not medically necessary without an intermediate evaluation during the first 3 or 4 sessions assessing physical therapy efficacy. Therefore, the request is not medically necessary.