

Case Number:	CM14-0095569		
Date Assigned:	09/29/2014	Date of Injury:	06/16/1997
Decision Date:	01/22/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine Rehab, 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 injured worker is a 64-year-old female who reported an injury of unspecified mechanism on 06/16/1997. On 06/03/2014, her diagnoses included rotator cuff tear and spondylolisthesis. It was noted that she had multiple family stressors. She reported that her right shoulder was doing well, and she was supposed to follow-up with the physician who had performed her right shoulder hemiarthroplasty. She reported doing an IEP for her right shoulder daily. She reported pain with internal rotation and reaching behind her. Her mobility was restricted with internal rotation. She was taking Celebrex 200 mg primarily for the lumbar spine. She reported a new onset of paresthesias to her bilateral lower extremities and feet. She reported that she trips and complained of weakness to both lower extremities. She rated her pain at 4/10 and reported not doing a lumbar spine IEP. She reported that she walks for 50 minutes most days, but was not doing any aerobic exercises. Her right shoulder ranges of motion measured in degrees were forward flexion 160, abduction 160, external rotation 90, internal rotation as far as the right gluteus. Her lumbar spine ranges of motion measured in degrees were forward flexion 60 with hypermobile extension 25, lateral flexion 15 bilaterally, and rotation 30 bilaterally. Her treatment plan included physical therapy, exercises, application of ice/heat, and continued use of an "ESTIM". The rationale for the requested physical therapy was for pelvic stabilization, core strengthening, gait training, and transition to IEP. A Request for Authorization, dated 06/03/2014, was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week times 4 weeks for the right shoulder/lumbar QTY: 8:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy general guidelines

Decision rationale: The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. The recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. This injured worker reported that her shoulder was feeling fine and she only had some limitations with internal rotation. She was supposed to follow-up with the surgeon who performed her right shoulder hemiarthroplasty. She reported performing an independent exercise program for her right shoulder on a daily basis. She was not performing any exercises for her lumbar spine. Additionally, the Official Disability Guidelines note that patients should formally be assessed after a 6 visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction prior to continuing with physical therapy. The request did not include any fading of treatment. The requested number of visits exceeds the recommendations in the guidelines for a 6 visit clinical trial. Given the lack of documentation as outlined above, there is insufficient information at this time to establish medical necessity. Therefore, this request for Physical therapy 2 times a week times 4 weeks for the right shoulder/lumbar QTY: 8 is not medically necessary.