

Case Number:	CM15-0009296		
Date Assigned:	01/27/2015	Date of Injury:	06/14/2011
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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

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 70 year old female who sustained an industrial injury on 06/14/2011. Diagnoses include chondromalacia of the left gleno-humeral joint and she has been diagnosed with a partially torn right shoulder rotator cuff with glenohumeral osteoarthritis. Magnetic Resonance Imaging done on 12/04/2014 reveals evidence of rotator cuff repair with no recurrent tears. She has a labral tear with evidence of loosening of the anchor with fluid around the anchor of the left shoulder humeral head. She is status-post rotator cuff repair. She has right shoulder tendinitis involving the rotator cuff with impingement and bursitis confirmed by the Magnetic Resonance Imaging done on 12/04/2014. A physician progress report dated 12/04/2014 documents the injured worker reports that both shoulders are symptomatic. Most of the pain is in the lateral sided deltoid pain about the left shoulder. She also has trapezial discomfort in the bilateral trapezial region worse on the right then on the left. She also has severe trapezial discomfort bilaterally and has pain with flexion and extension of her cervical spine. Treatment request is for physical therapy 2 x 6 to bilateral shoulders. On 12/19/2014 Utilization Review non-certified the request for physical therapy 2 x 6 to bilateral shoulders and cited California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM), and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 for bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy

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

Decision rationale: The patient presents with pain in the shoulders, primarily on the lateral side of the deltoid in the left shoulder and trapezial discomfort in bilateral trapezial region worse on the right than on the left. The patient is status post left shoulder arthroscopic rotator cuff repair 03/27/11. The request is for PHYSICAL THERAPY 2 X 6 FOR BILATERAL SHOULDERS. Physical examination to the left shoulder on 12/10/14 revealed forward elevation of 140 with pain and abduction of 135 with pain. Patient tested positive for Neer's, Hawkin's and O'Brien's tests. Per 12/10/14 progress report, patient has been using Advil regularly for her pain. Patient's work status is not specified. 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." Patient is not within post operative time period, as left shoulder arthroscopic rotator cuff repair 03/27/11. A short course of physical therapy would be indicated by guidelines given patient's symptoms, however there is no documentation of treatment history. Furthermore, treater has not discussed why patient cannot move on to home exercise program. The request for 12 sessions which exceeds what is allowed by MTUS for patient's condition. Therefore, the request IS NOT medically necessary.