

Case Number:	CM15-0107817		
Date Assigned:	06/12/2015	Date of Injury:	06/13/2013
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/04/2015

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 61-year-old female, who sustained an industrial injury on 6/13/2013. The current diagnoses are left rotator cuff tear, adhesive capsulitis of the left shoulder, left shoulder pain, and left shoulder strain. According to the progress report dated 3/19/2015, the injured worker notes that the pain in her left shoulder has subsided and her range of motion has improved since attending physical therapy. She continues to have sharp pain with certain positions of the left arm. The level of pain is not rated. The physical examination of the left shoulder reveals diffuse tenderness over the acromioclavicular joint and the proximal biceps, limited range of motion, reduced strength, positive impingement sign, and positive crossover arm test. The current medications are Piroxicam. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, and corticosteroid injection (beneficial). The plan of care includes physical therapy re-evaluation with 12 additional physical therapy sessions to 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 re-evaluation, left shoulder Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient complains of pain in left shoulder, rated at 3-4/10, as per progress report dated 05/01/15. The request is for physical therapy re-evaluation, left shoulder qty: 1. There is no RFA for this case, and the patient's date of injury is 06/13/13. Diagnoses, as per progress report dated 05/01/15, included adhesive capsulitis of left shoulder, rotator cuff rupture, joint pain of shoulder, and rotator cuff shoulder sprain/strain. The patient is on modified duty, as per progress report dated 05/01/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. "As per progress report dated 03/19/15, the patient has been approved for 6 sessions. As a result of this therapy, "pain to her left shoulder has subsided and her range of motion has improved since physical therapy. She reports sharp pain with certain positions of her left arm." As per progress report dated 05/01/15, the patient is "is improving with the sessions and would like more physical therapy. " The treater is requesting additional therapy to "focus on terminal range of motion stretching. Teach patient home stretching program of 3-4 times per day." While it is evident that the patient has benefited from prior therapy, the treater does not discuss why the patient needs a repeat therapy evaluation. The treater does not seem to address any need for repeat evaluation, although discussion additional therapy. The request is not medically necessary.

Additional physical therapy, 2 times a week for the left shoulder Qty:12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The patient complains of pain in left shoulder, rated at 3-4/10, as per progress report dated 05/01/15. The request is for additional physical therapy, 2 times a week for the left shoulder qty: 12. There is no RFA for this case, and the patient's date of injury is 06/13/13. Diagnoses, as per progress report dated 05/01/15, included adhesive capsulitis of left shoulder, rotator cuff rupture, joint pain of shoulder, and rotator cuff shoulder sprain/strain. The patient is on modified duty, as per progress report dated 05/01/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. "As per progress report dated 03/19/15, the patient has been approved for 6 sessions. As a result of this therapy, "pain to her left shoulder has subsided and her range of motion has improved since

physical therapy. She reports sharp pain with certain positions of her left arm." As per progress report dated 05/01/15, the patient is "is improving with the sessions and would like more physical therapy. " The treater is requesting additional therapy to "focus on terminal range of motion stretching. Teach patient home stretching program of 3-4 times per day." There is no explanation as to why the patient is not able to transition in to a home exercise program, and why the patient has not been taught the exercises. While it is evident that the patient has benefited from prior therapy, MTUS only allows for 8-10 sessions in non-operative cases. Hence, the treater's request for 12 additional sessions is not medically necessary.