

Case Number:	CM15-0189266		
Date Assigned:	10/01/2015	Date of Injury:	02/23/2015
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 02-23-2015. He has reported subsequent left arm pain and was diagnosed with popeye muscle left shoulder with rupture of the long head of the left biceps tendon. X-rays of the left elbow and left humerus were documented as negative. MRI of the left shoulder on 04-05-2015 showed acromioclavicular arthritis, supraspinatus, infraspinatus and subscapularis tendinosis. MRI of the left biceps on 05-09-2015 showed no discrete evidence of abnormalities within the visualized portions of the biceps and triceps muscles. Work status was documented as temporarily totally disabled. Treatment to date has included pain medication, application of ice, sling, and a home exercise program, which were noted to have failed to significantly relieve the pain. Of note, there are many progress notes that are difficult to decipher. In a 07-23-2015 progress note the injured worker reported constant moderate to severe left shoulder pain and weakness with tenderness of the left biceps noted. The physician requested aqua therapy, which was subsequently denied. In a 08-21-2015 progress note, left shoulder pain was noted to continue with tenderness of the left shoulder documented. Physical therapy was requested 2x4. A physical therapy initial report dated 08-28-2015 indicated that the injured worker should be seen three times a week for eight weeks to receive "TE, TA, mobs/STM, HP, CP, EMS, traction as needed, HEP and patient education." It is unclear as to whether the injured worker had undergone physical therapy prior to this visit and if so how many visits were received and the effectiveness of therapy. In a progress note dated 09-03-2015, the injured worker reported constant moderate to severe left shoulder pain and weakness. Objective examination findings revealed "flex 80 degrees, ext. 35 degrees,

abd. 86 degrees, ad 5 degrees, I 35 degrees and extension of 45 degrees". Tenderness of the left anterior capsule and biceps tendon was noted. A request for authorization of continues left shoulder physical therapy 2-3 x 6 was submitted. As per the 09-15-2015 utilization review, the request for left shoulder physical therapy 2-3 x 6 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue left shoulder physical therapy 2-3 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDguidelines.com, Ruptured Biceps Tendon (Traumatic and Nontraumatic) and on the Non-MTUS ACOEM Practice Guidelines, Shoulder Disorders Chapter, pages 1-297.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in February 2015 and is being treated for left shoulder pain after lifting a heavy trashcan. An MRI of the left shoulder and biceps showed findings of supraspinatus tendinosis and acromioclavicular joint and elbow arthritis. In June 2015 he was having too much pain to participate in land-based therapy Aquatic therapy was requested. On 08/21/15 he was wearing a sling when going out. There was decreased range of motion with biceps groove tenderness and a palpable biceps cleft. Physical therapy was requested. He was evaluated for this on 08/28/15. All findings and references are to the right shoulder. There was guarding with moderate tenderness with decreased range of motion and significantly decreased strength. When seen less than one week later by the requesting provider, there was a popeye deformity at the left shoulder. He had pain and weakness. Continued physical therapy with up to 18 sessions was requested. In terms of physical therapy for rotator cuff impingement syndrome, guidelines recommend up to 10 treatment sessions over 8 weeks. In this case, when requested, the claimant had been evaluated for therapy less than one week before. There is confusion regarding which shoulder is being treated and his response to the treatments planned or that had been provided is not documented. The number of treatments being requested is in excess of that recommended for this condition. The request is not medically necessary.