

Case Number:	CM15-0192013		
Date Assigned:	10/06/2015	Date of Injury:	02/02/2014
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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 69 year old male with an industrial injury dated 02-02-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left sided partial thickness rotator cuff tear- supraspinatus tear associated with muscle atrophy, chronic subscapularis tendonosis with partial thickness intrasubstance tearing, complete tear of the proximal portion of left biceps tendon, and moderate degenerative changes of the acromioclavicular joint (AC) joint left side. In a progress report dated 04-22-2015, the injured worker reported ongoing left shoulder pain. The injured worker reported that he has had over 6 sessions of physical therapy and now over a year later, he remains symptomatic. Physical exam revealed focal tenderness at the acromioclavicular joint (AC), subacromial bursa, positive Neer test, positive Hawkin's test and positive Speed test. According to the progress note dated 08-21-2015, the injured worker reported ongoing neck pain with radiation down into his left shoulder. Pain level score was not included in report (8-21-2015). Objective findings (08-21-2015) revealed focal tenderness at the acromioclavicular joint (AC), bicep tendon and subacromial bursa, positive Neer, positive Hawkin's and positive cross shoulder abduction. Treatment has included diagnostic studies, prescribed medications, functional capacity evaluation, injection with temporary relief, at least 6 physical therapy sessions in 2014 and periodic follow up visits. The treatment plan included recommended surgical intervention, course of aggressive physical therapy in preparation for surgery, medication management and follow up visit. The treating physician prescribed services for course of aggressive physical therapy 2 times a week for 6 weeks, with phase 1, II, III for left shoulder. Medical records (08-21-2015) indicate that the

injured worker remains off work until 10-02-2015. The utilization review dated 09-21-2015, modified the request for course of aggressive physical therapy 8 sessions with phase 1, II, III, left shoulder (original :12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Course of aggressive physical therapy 2 times a week for 6 weeks, with phase 1, II, III, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 69 year old patient complains of neck pain radiating down to his left shoulder, as per progress report dated 08/21/15. The request is for COURSE OF AGGRESSIVE PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS, WITH PHASE 1, II, III, LEFT SHOULDER. The RFA for this case is dated 09/15/15, and the patient's date of injury is 02/02/14. Diagnoses, as per progress report dated 08/21/15, included left-sided partial thickness rotator cuff tear/supraspinatus tear associated with muscle atrophy, chronic subscapularis tendinosis with partial thickness intrasubstance tearing, complete tear of the proximal portion of the left biceps tendon, and moderate degenerative changes of AC joint. The patient has been prescribed topical compounded creams for pain relief. The patient is off work, as per the same report. MTUS Chronic Pain Management Guidelines 2009, 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." In this case, the request for physical therapy is noted in progress report dated 08/21/15. The treater believe that the patient is a surgical candidate and the physical therapy is in preparation for surgery. In progress report dated 04/22/15, the treater states that patient has had only six sessions of PT until now and subsequent requests for therapy have been denied. The treater, however, does not document the efficacy of prior therapy in terms of its impact on pain and function. It is not clear why the patient has not transitioned to a home exercise regimen. Furthermore, MTUS only allows for 8-10 sessions of PT in non-operative cases, and the treater's request for 12 sessions exceeds that limit. Hence, the request IS NOT medically necessary.