

Case Number:	CM15-0195818		
Date Assigned:	10/09/2015	Date of Injury:	08/12/2013
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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 37 year old male who sustained an industrial injury on 08-12-2013. A review of the medical records indicated that the injured worker is undergoing treatment for rotator cuff tendonitis and cervical spine sprain. The injured worker is status post left superior labral anterior posterior (SLAP) repair on 05-13-2014. According to the treating physician's progress report on 09-02-2015, the injured worker continues to experience left shoulder and cervical spine pain. Examination demonstrated normal alignment with tenderness and spasm at the left cervical and left trapezius muscles with full range of motion but some pain with movement. Spurling's was positive on the left. The examination of the left shoulder noted minimal tenderness with deep palpation at the biceps, tendon, supraspinatus, infraspinatus, subscapularis and the superior latissimus dorsi. Decreased strength and endurance was present with range of motion noted as forward flexion at 140 degrees, abduction at 120 degrees, and internal and external rotation to the level of the lumbar spine. There was no swelling, crepitation or atrophy evident. Placing the hand behind the neck required no compensatory forward flexion of the neck. There was decreased sensation in the left C5 and C6 nerve root distributions. Cervical spine magnetic resonance imaging (no date documented), interpreted within the progress note on 09-02-2015, noted multi-level degenerative disc changes with scattered areas of mild neural foraminal narrowing but no significant central canal stenosis were detected. Prior treatments have included diagnostic testing, surgery, physical therapy, and trigger point injection to the left scapula on 06-01-2015, psychological evaluation and medications. Current medications were listed as Advil and Diclofenac. Treatment plan consists of cervical spine

physical therapy and the current request for physical therapy twice a week for 3 weeks (6 sessions) for the left shoulder. On 09-21-2015 the Utilization Review determined the request for physical therapy twice a week for 3 weeks (6 sessions) for the left shoulder was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy 2 times a week for 3 weeks for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The patient presents on 09/18/15 with pain in the posterior aspect of the left shoulder and scapula with associated numbness in the left medial forearm, wrist, and hand. The pain is rated 6/10. The patient's date of injury is 08/12/13. Patient is status post left subacromial decompression, distal clavicle resection and SLAP repair on 05/13/14. The request is for 6 physical therapy 2 times a week for 3 weeks for the left shoulder. The RFA was not provided. Physical examination dated 09/18/15 reveals mild non-specific left shoulder pain associated with provocative orthopedic maneuvers with trace weakness noted, and tenderness to palpation over the AC joint, greater tubicle, surgical scar, and bicipital groove. The treater also notes decreased sensation in the middle finger of the left hand. The patient is currently taking OTC Advil. Patient is currently working with modified duties. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "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 regard to the 6 sessions of physical therapy sessions for this patient's ongoing shoulder pain, the request is appropriate. Per progress note dated 09/18/15, it is indicated that this patient underwent a course of post-operative PT in 2014. However, the provider also indicates that he has not undergone any physical therapy since sometime before November 2014, at which point the requests for additional sessions were non-certified by utilization review. Given this patient's ongoing pain and weakness in the affected extremity with a neurological component, and the lack of evidence that he has completed any recent physical therapy treatments, a course of six sessions falls within MTUS guideline recommendations and could produce functional benefits. Therefore, the request is medically necessary.