

Case Number:	CM15-0215403		
Date Assigned:	11/05/2015	Date of Injury:	04/28/2015
Decision Date:	12/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/02/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 76-year-old female who sustained an industrial injury on 4/28/15. Injury occurred while she was trying to pull a sheet cake from an overhead rack. The 6/16/15 treating physician report indicated that the injured worker had completed 6 visits of physical therapy for the low back with improvement. She had mild baseline low back pain and increased pain with lifting and bending. Pain radiated into her right leg to the knee with intermittent right thigh numbness and weakness. Lumbar spine exam documented non-antalgic gait, difficulty in toe and heel walk due to pain, normal posture, and lumbosacral pain to palpation. There was 60 degrees of lumbar flexion and 20 degrees lumbar extension. Neurologic exam documented normal lower extremity strength, sensation, and reflexes with negative straight leg raise. The treatment plan recommended 6 additional therapy visits for low back strengthening. Records documented that the injured worker attended at least 11 additional visits from 6/29/15 to 9/17/15. The 8/11/15 treating physician report indicated that the injured worker had not been authorized for additional physical therapy for the lumbar spine and she would specifically benefit from further therapy specifically with a home program. The 9/3/15 right shoulder MRI impression documented a supraspinatus insertional tear, distal anterior leading edge, and moderate infraspinatus tendinosis with early intrasubstance delamination. There was moderate acromioclavicular (AC) joint arthrosis and mild synovial thickening subacromial bursa. There was moderate long biceps tendinosis with superficial partial longitudinal split at superior bicipital groove. The 9/22/15 treating physician report indicated the injured worker was not significantly improved. Imaging showed a supraspinatus tear, AC joint arthritis, and biceps tendinosis with longitudinal split. She had significant right shoulder pain and inability to lift her

arm or reach behind her without pain. Pain was worse with any movement and cold weather. Lumbar spine soreness was reported improved with physical therapy training in body mechanics. Right shoulder exam documented flexion 140, abduction 120, external rotation 70, and internal rotation 30 degrees. Pain was noted in external and internal rotation. There was 4+/5 supraspinatus weakness. She had failed to progress with physical therapy which was consistent with the large rotator cuff tear noted on imaging. The diagnosis included right shoulder rotator cuff tear and improving lumbar strain. The treatment plan recommended continued physical therapy 2 times per week for 4 weeks in addition to right shoulder rotator cuff repair. The 10/5/15 utilization review certified the right shoulder arthroscopy and associated surgical services. The request for physical therapy x 8 visits as non-certified as the injured worker had received at least 10 sessions as recommended by MTUS guidelines for the back and additional physical therapy for the shoulder was not indicated since she was a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: physical therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Physical therapy; Low Back-Lumbar & Thoracic: Physical therapy (PT).

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, the MTUS guidelines would support 9 to 10 visits for myalgia/myositis. The Official Disability Guidelines provide specific physical therapy treatment guidelines for lumbar strain that include 10 visits and for rotator cuff injury that include 10 visits. Guideline criteria have not been met for additional physical therapy at this time. The injured worker presents status post at least 17 visits of physical therapy with improving low back pain and persistent right shoulder pain. She has been certified for a right rotator cuff repair with associated post-op physical therapy approved. Relative to the lumbar spine, there are no current exam findings evidencing an objective functional deficit to be addressed by additional physical therapy. There is no documentation of a functional treatment goal. Records documented home exercise program instruction was a part of the prior physical therapy program. There is no compelling rationale to support the medical necessity of supervised physical therapy over an independent home exercise program at this time. Therefore, this request is not medically necessary.