

Case Number:	CM15-0038138		
Date Assigned:	03/06/2015	Date of Injury:	10/10/2012
Decision Date:	04/17/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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 59-year-old female, with a reported date of injury of 10/10/2012. The diagnoses include left shoulder rotator cuff tear, left shoulder joint stiffness, and left shoulder bicipital tenosynovitis. Treatments have included an MRI of the left shoulder on 11/15/2012, heat, and oral medication. The previous physical therapy reports were not included in the medical records provided for review. The comprehensive follow-up orthopedic examination report dated 01/21/2015 indicates that the injured worker complained of tenderness along the hand, and aching pain to the left shoulder. She stated that she had limited range of motion and stiffness to the shoulder. A physical examination of the left shoulder revealed moderate tenderness over the anterolateral border of the acromion, over the long head of the biceps, and over the supraspinatus; moderate tenderness to palpation over the anterolateral border of the acromion; no swelling; normal sensation; positive impingement; decreased range of motion; and decreased muscle strength. The treating physician requested additional physical therapy three times a week for four weeks for the left shoulder to increase flexibility, range of motion, and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times a week for 4 weeks to the left shoulder: Upheld

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

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

Decision rationale: This patient has a date of injury of 10/10/12 and presents with complaints of left shoulder pain with tenderness along the elbow and hand and right knee pain with some localized swelling over the medial joint lines. The Request for Authorization is dated 02/04/15. The current request is for ADDITIONAL PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS TO THE LEFT SHOULDER. The MTUS Chronic Pain Management Guidelines, 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."The treating physician is requesting physical therapy for the left shoulder "to increase flexibility, range of motion, and strength." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The Utilization review denied the request stating that response from prior therapy was not documented. In this case, the patient has participated in an undisclosed number of physical therapy sessions and there is no discussion regarding the patient's response to therapy. The request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, there is no report of new injury, new diagnoses, recent surgery or new examination findings to substantiate the request for additional therapy. This request IS NOT medically necessary.