

Case Number:	CM15-0089835		
Date Assigned:	05/14/2015	Date of Injury:	03/30/2013
Decision Date:	06/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 48 year old female, who sustained an industrial injury on March 30, 2013, incurring shoulder and back injuries from repetitive pushing and pulling at her job. She was diagnosed with right shoulder impingement syndrome with rotator cuff tear. In September, 2013, the injured worker sustained injuries to her low back and left shoulder pushing and pulling a heavy rack. In October, 2013, she underwent right shoulder surgery and in May 2014, she underwent manipulation of the right shoulder. Treatment included physical therapy, job restrictions and pain management. Currently, the injured worker complained of bilateral shoulder pain radiating into the upper arms increased with griping, grasping and raising her arms. Magnetic Resonance Imaging of the left shoulder revealed a complete rotator cuff tear and degenerative changes. Magnetic Resonance Imaging of the lumbar spine showed degenerative disc disease with disc protrusions. The treatment plan that was requested for authorization included physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are previous arthroscopic subacromial decompression and rotator cuff repair right shoulder with residual subacromial bursal inflammation and impingement syndrome; left shoulder rotator cuff tear and impingement syndrome with distal clavicle arthrosis; lumbar radiculitis with L5 nerve root impairment, left lower extremity; chronic lumbar pain; and reactive depression. Subjectively, according to a March 17, 2015 note (request authorization date April 14, 2015), the injured worker underwent right shoulder surgery followed by a course of physical therapy May 2014 with manipulation of the right shoulder. The injured worker has bilateral shoulder pain burning on the right side of the chest. The discussion in the medical record states the patient's right shoulder is much more painful and the patient wishes attention focused on the right shoulder before considering surgery on the left shoulder. If the patient does not improve with the above-mentioned treatment for the right shoulder, revision surgery may be required under the request for authorization section (in the progress note). The documentation states "referral to physical therapist for range of motion and strengthening exercises". There is no specificity in the medical record as to whether the request for physical therapies for the right shoulder for the left shoulder. The total number of physical therapy sessions to the right shoulder is unspecified and not documented in the medical record. It is unclear whether the injured worker had physical therapy to the left shoulder. Additional information with specificity is required in order to make an informed decision. Physical therapy to the right shoulder is not clinically indicated. There are no compelling clinical facts indicating additional physical therapy is warranted. Physical therapy to the left shoulder may be clinically indicated, but the request for 12 sessions exceeds the recommended guidelines (for new physical therapy to the left shoulder). Consequently, absent clinical information indicating, with specificity, which shoulder is to be treated, physical therapy three times per week times four weeks to the left shoulder is not medically necessary.