

Case Number:	CM14-0116915		
Date Assigned:	09/19/2014	Date of Injury:	09/26/2007
Decision Date:	10/17/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 62-year-old male with a 9/26/07 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/25/14, the patient complained of left shoulder pain and increased low back pain radiating down his lower extremities. Objective findings: limited range of motion of right shoulder, tender and muscle spasms of lower spine. Diagnostic impression: rotator cuff left shoulder, lumbar radiculopathy. Treatment to date: medication management, activity modification, shoulder surgery, acupuncture, physical therapy. A UR decision dated 7/10/14 modified the request for 18 sessions of physical therapy for right shoulder pain to certify 4 sessions. The patient has completed 60 acupuncture/physical therapy sessions. The patient currently complains of shoulder pain with functional deficits on examination. It would be advisable to allow a short course of physical therapy for instruction in an independent home exercise program and to address the functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 6 for a total of 18 sessions for right shoulder pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of

Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 and Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to the UR decision dated 7/10/14, the patient has completed 60 acupuncture/physical therapy sessions, however, the total number of physical therapy sessions completed is unknown. Guidelines support up to 10 visits over 8 weeks for shoulder sprains. An additional 18 sessions of physical therapy sessions would exceed guideline recommendations. In addition, there is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. It is unclear why the patient has not been able to transition to an independent home exercise program at this time. In addition, the prior UR decision dated 7/10/14 modified this request to certify 4 sessions of physical therapy for instruction in an independent home exercise program and to address the functional deficits. Therefore, the request for Physical therapy 3 times 6 for a total of 18 sessions for right shoulder pain was not medically necessary.