

Case Number:	CM14-0126546		
Date Assigned:	09/05/2014	Date of Injury:	10/27/2011
Decision Date:	09/30/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 67-year-old female with date of injury of 10/27/2011. The listed diagnoses per [REDACTED] dated 07/11/2014 are: Left elbow medial epicondylitis and ulnar neuropathy, Left upper extremity brachial plexopathy, Left shoulder arthroscopic bicep tenodesis and arthroscopic decompression from 01/13/2014. Left shoulder dislocation and avulsion fracture of greater tuberosity, Left shoulder high-grade articular-sided partial thickness tear of supraspinatus tendon with delamination and medial retraction of torn fiber; moderate infraspinatus tendinosis; non-acute left humeral tuberosity fracture per left upper extremity MRI dated 04/02/2012, Left shoulder mildly comminuted non-displaced fracture of greater tuberosity of humerus, full thickness tear of distal supraspinatus tendon at its insertion on fractured greater tuberosity of humerus with 1.5 to 2 cm tendon retraction; suspect partial tear of infraspinatus tendon at its insertion on greater tuberosity of humerus per left shoulder MRI dated 04/02/2012. Left knee pain secondary to overcompensation, Right knee tear of lateral meniscus per [REDACTED] dated 11/20/2012. According this report, the patient complains of bilateral shoulder pain. It is described as on and off pain in terms of frequency. There is increased pain with reaching for items. The patient also complains of right knee pain with swelling. The pain awakens her at night. The examination of the right shoulder reveals tenderness to palpation over the anterior and lateral aspect. There is passive range of motion intact. Tenderness to palpation over the anterior and lateral aspect with pain upon flexion on the left shoulder. The right knee has tenderness to palpation over the lateral patellofemoral. There is effusion noted. The utilization review denied the request on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy two times a week for six weeks (2x6) to the left shoulder:

Upheld

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

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

Decision rationale: This patient presents with bilateral shoulder and right knee pain. The patient is status post right shoulder arthroscopy from 01/13/2014. The treater is requesting 12 additional physical therapy visits for the left shoulder. The request is outside postsurgical guidelines. For physical medicine outside postsurgical guidelines, MTUS page 98 and 99 recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy reports from 02/05/2014 to 03/21/2014 show that the patient received 14 physical therapy visits. The treater states on 07/11/2014 that the patient has progressive physical therapy to the left shoulder but continues to have numbness at times. In this case, the requested 12 sessions when combined with the previous 14 that the patient received recently would exceed MTUS recommendations. The patient should be able to transition into a self-directed home exercise program to improve range of motion and strength. Recommendation is for denial.

Physical Therapy two times a week for six weeks (2x6) to the right knee: Upheld

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

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

Decision rationale: This patient presents with bilateral shoulder and right knee pain. The treater is requesting 12 additional physical therapy visits for the right knee. The MTUS Guidelines page 98 and 99 recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show that the patient has had physical therapy for the right knee. While a trial course of therapy is reasonable, the requested 12 sessions exceeds MTUS recommendations. Recommendation is for denial.