

Case Number:	CM14-0126824		
Date Assigned:	09/16/2014	Date of Injury:	12/03/2000
Decision Date:	11/19/2014	UR Denial Date:	07/21/2014
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 & Rehabilitation, 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 injured worker is a 51-year-old female who reported an injury on 12/03/2000 due to an unspecified mechanism of injury. The injured worker complained of right shoulder pain. The diagnoses included a right shoulder impingement and rotator cuff tendinopathy. Prior surgeries included rotator cuff repair to the right shoulder in 2002. Prior treatments included physical therapy along with additional physical therapy, medications, a corticosteroid injection, and a urinalysis. Diagnostics were not available for review. Medications included a Lidoderm patch 5%, Vicodin 7.5/300, baclofen 10 mg, Cymbalta 20 mg, Lyrica 75 mg, and ibuprofen 600 mg. The injured worker reported her pain as a 5/10 that was dull with numbness and tingling to the right shoulder using the VAS. The objective findings dated 06/12/2014 to the right shoulder revealed well healed surgical incision with mild tenderness to palpation over the greater tuberosity. Range of motion with forward flexion was 100 degrees, extension was 30 degrees, and adduction was 120 degrees. Strength was 5/5 throughout, negative for impingement signs, and instability test was negative. There was a negative O'Brien's test, negative Speed's test, and negative Yergason's. The neurological examination to the bilateral upper extremities was intact. The plan included physical therapy. The Request for Authorization dated 09/16/2014 was submitted with documentation. No rationale was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks for the right shoulder: Upheld

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

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

Decision rationale: The request for physical therapy 2 times a week for 3 weeks for the right shoulder is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines state 8 to 10 visits over 4 weeks. The injured worker had physical therapy and the documentation also stated that the injured worker had had 6 additional visits of physical therapy provided; however, there was a lack of documentation indicating that the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy. The amount of therapy that the injured worker has received for the right shoulder is unclear. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation was not evident that the injured worker had been on a home exercise program and the efficiency of the outcome. Additionally, the documentation did not have objective findings that would warrant additional physical therapy. As such, the request is not medically necessary.