

Case Number:	CM14-0129294		
Date Assigned:	08/18/2014	Date of Injury:	03/24/2010
Decision Date:	11/20/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 62-year-old male who reported an injury on 03/24/2010. The mechanism of injury was not provided. Diagnoses included bilateral shoulder impingement, bilateral rotator cuff tendinitis, and bilateral rotator cuff tear. Past treatments included medications. Diagnostic studies included an official MRI of the left shoulder on 02/20/2014, which revealed a large re-tear of the rotator cuff, type II acromion, and glenohumeral arthrosis. An official MRI of the right shoulder was completed on 02/21/2014 and revealed postoperative changes of the rotator cuff repair, type I acromion, possible tendinosis, atrophy of the muscles, and probable degeneration of the labrum. Surgical history included bilateral shoulder rotator cuff repair. The clinical note dated 07/21/2014 indicated the injured worker complained of increasing bilateral shoulder pain and difficulty lifting and reaching behind his back. The physical exam of the bilateral shoulders revealed impingement, weakness with external rotation and abduction, and pain over the deltoid and biceps. Current medications included Percocet 10/325 mg. The treatment plan included physical therapy 3 times a week for 4 weeks. The rationale for the treatment plan was to relieve ongoing pain. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder

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, Physical therapy

Decision rationale: The request for physical therapy 3 times a week for 4 weeks is not medically necessary. The California MTUS Guidelines indicate that physical therapy is recommended for patients with myalgia to include 9 to 10 visits over 8 weeks. The Official Disability Guidelines go on to state that physical therapy is recommended for impingement syndrome to include 10 visits over 8 weeks, with an initial 6 visits indicated as the time to produce functional improvement. The injured worker complained of increasing bilateral shoulder pain with difficulty lifting and reaching behind his back. Physical exam revealed positive impingement. An official MRI of the left shoulder revealed a large re-tear of the rotator cuff. An official MRI of the right shoulder revealed postoperative changes of the rotator cuff repair, type I acromion, possible tendinosis, atrophy of the muscles, and probable degeneration of the labrum. While the injured worker could benefit from physical therapy to the bilateral shoulders, the number of sessions requested exceeds the guideline recommendations. Additionally, while the treatment plan indicated physical therapy for the bilateral shoulders, the request does not indicate the specific location for therapy. Therefore, the request for physical therapy 3 times a week x 4 weeks is not medically necessary.