

Case Number:	CM14-0132592		
Date Assigned:	08/22/2014	Date of Injury:	02/11/2003
Decision Date:	09/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 61-year-old female patient with a 2/11/03 date of injury. The mechanism of injury is not stated. A 7/8/14 progress note reports the patient was right shoulder was feeling "improved" in that she had experienced increased function and decreased pain. However, the patient described mild/moderate weakness and soreness in the right shoulder. Physical findings: Tenderness over the bicipital tendon, acromioclavicular joint, supraspinatus tendon, periscapular, and trapezius muscles. Crepitus was present. Impingement test and Cross Arm test were positive. Flexion was 160 degrees, extension was 35 degrees, abduction was 135 degrees, adduction was 35 degrees, internal rotation was 70 degrees, and external rotation was 75 degrees. There was Grade 4/5 muscle weakness. Diagnostic impression: S/P left shoulder arthroscopy 9/23/11, S/P right DeQuervain release with tenosynovectomy (12/6/12), Cervical musculoligamentous sprain/strain, Thoracic musculoligamentous sprain/strain, Lumbar musculoligamentous sprain/strain, Bilateral shoulder impingement/rotator cuff syndrome, Bilateral elbow lateral epicondylitis, Bilateral forearms and wrist tenosynovitis, Bilateral carpal tunnel syndrome and Cubital tunnel syndrome, Psychiatric complaints, and Sleep complaints. Treatment to date: Activity modification, medication management, steroidal injection, physical therapy 20 sessions, and home therapy program. A UR decision denied the request for physical therapy right shoulder quantity requested 8 due to a duplication of same requests from different clinicians.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right shoulder quantity requested 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 114. Decision based on Non-MTUS Citation 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". ODG Guidelines supports up to 24 visits over 14 weeks for Impingement Syndrome. The patient already had had 20 sessions, and she had received physical therapy sessions with notable improvement and decreased pain. The orthopedic surgeon evaluated the patient in the office on 7/1/14 and requested and obtained approval for 8 additional sessions of physical therapy for the patient due to documented physical function progress and decreased pain. However, this request from the PTP is dated 7/23/14 and is an identical request to cover the same time period. This request cannot be substantiated due to the fact that a duplicate request was already approved. Therefore, the request for Decision for Physical Therapy right shoulder quantity 8 was not medically necessary.