

Case Number:	CM14-0135005		
Date Assigned:	08/27/2014	Date of Injury:	12/07/2012
Decision Date:	10/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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, 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 55-year-old male who sustained an injury on 12/07/2012. On 07/15/2014, he presented with worsening pain to the cervical spine, low back, and right leg. He continued to have difficulty with sleeping and raising arms. The exam of the left shoulder revealed tenderness over the acromioclavicular joint. The range of motion was measured at 90/90/85 with pain. The range of motion of the right shoulder was measured at 100/100/75. The magnetic resonance imaging of the left shoulder dated 04/24/2014 revealed mild biceps tendinosis and mild to moderate rotator cuff tendinosis with mild capsular thickening and increased signal suggesting adhesive capsulitis as well as arthrosis of the acromioclavicular joint with advanced cartilage loss and prominent spurring. An electromyography and nerve conduction velocity study of the upper extremities revealed some severe peripheral polyneuropathy that was most likely related to longstanding diabetes mellitus with some superimposed severe ulnar neuropathy at the left elbow with active signs of denervation of the left first dorsal interosseous muscle without evidence of any radiculopathy. He is currently on Norco, Anaprox, and Zanaflex. He reportedly underwent physical therapy previously but it was not clear as to what extent. In 2009, he underwent some physical therapy for the left shoulder and indicated on a few occasions that there was some improvement in his symptoms with physical therapy, but again in 2013, it was indicated that he had increase of his overall pain and had severe headaches with physical therapy. His diagnoses include bilateral shoulders acromioclavicular osteoarthritis, biceps tendinosis, and adhesive capsulitis. The request for post-operative physical therapy 3 times a week for 3 weeks, left shoulder was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 3 times a week for 3 weeks, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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

Decision rationale: As per the Chronic Pain Medical Treatment Guidelines, physical medicine 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. The ODG [guidelines] for shoulder impingement syndrome allow 10 physical therapy visits over 8 weeks and the guidelines for shoulder post-arthroscopy allow 24 physical therapy visits over 14 weeks. The Chronic Pain Medical Treatment Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (such as pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the worker utilizing a home exercise program. At this juncture, this worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy might exceed the guidelines recommendation, considering previous physical therapy treatments. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.