

Case Number:	CM14-0166689		
Date Assigned:	10/13/2014	Date of Injury:	09/26/2013
Decision Date:	11/13/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/09/2014

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 45-year-old female who sustained an injury on 09/26/13. As per the report of 08/29/14, she complained of right shoulder pain, which was stiff and sore. She performs a home exercise program and needed physical therapy (PT) to regain motion strength to return to work. Examination of the shoulder revealed flexion to 150, abduction to 100 with arm abducted, external rotation to 75 and internal rotation to 60 degrees. There was some weakness noted with shoulder abduction. She was unable to get her arm behind her back, left side internally rotated to T10 and right side to L4. MRI of right shoulder dated 11/15/13, revealed large incomplete tear of articular surface of the periphery of the anterior supraspinatus tendon component of the rotator cuff measuring approximately 10-11 mm and areas of tendinosis within the remainder of the cuff. She underwent a right shoulder arthroscopic subacromial decompression, debridement of partial rotator cuff, and manipulation under anesthesia on 02/10/14. Current medications include Advair Diskus, Flexeril, and gabapentin, Lamictal, Mobic, Motrin and Wellbutrin. Past treatments have included pain medications, and conservative care, which did not help. She had eight sessions of postop PT, per 02/18/14 and was prescribed eight sessions of PT, per 03/25/14 report. She had physical therapy from 02/03/14 to 02/21/14 and from 04/01/14 to 04/14/14 and those PT reports (handwritten) indicated minimal objective improvement. Diagnoses include adhesive capsulitis of shoulder, disorders of bursae and tendons in shoulder region, and rotator cuff (capsule) sprain. The request for physical therapy (no frequency or duration indicated) to right shoulder was denied on 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (no frequency or duration indicated) to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

Decision rationale: As per CA MTUS 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. Official Disability Guidelines (ODG) for shoulder impingement syndrome allow 10 physical therapy (PT) visits over 8 weeks and shoulder post-arthroscopy, allow 24 PT visits over 14 weeks. CA MTUS - Physical Medicine; 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, the injured worker has had at least 16 post-surgical physical therapy with minimal objective improvements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. There is no evidence of presentation of a new injury with significant findings on examination to warrant any more PT visits. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.