

Case Number:	CM14-0218552		
Date Assigned:	01/08/2015	Date of Injury:	12/29/2013
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female was a registered nurse when she sustained an injury on December 29, 2013. The injured worker fell off a tool box she was standing on when she tried to remove a solution from the top shelf, onto her left side. An MRI revealed a partial rotator cuff tear. The diagnoses and results of the injury include left shoulder pain with radiation to the left elbow, adhesive capsulitis of the shoulder and other affections of the shoulder region. Past treatment included splitting with a Dynasplint, work modifications, physical therapy with home exercise program, two shoulder injections, and medications including pain and non-steroidal anti-inflammatory. The records show 18 sessions of physical therapy with therapeutic exercise, hot/cold packs, electrical stimulation, neuromuscular reeducation/soft tissue mobilization/joint mobilization, and home exercise program instructions, from August 12, 2014 to October 20, 2014. On October 15, 2014, the physical therapist noted minimally increasing joint mobility. On December 4, 2014, the treating physician noted moderate left shoulder pain with limited range of motion. The injured worker was using the Dynasplint with benefit. The injured worker had completed 24 sessions of physical therapy. The injured worker had 20-30% pain reduction from the shoulder injection a couple of months prior. The physical exam revealed moderately decreased range of motion of the left upper extremity, mild positive impingements, no tenderness to palpation, and negative O'Brien's and Clancy's. The neurovascular was grossly intact. Diagnoses were shoulder sprain/strain, pain in shoulder joint, adhesive capsulitis of the shoulder and other affections of the shoulder region. The injured worker underwent a steroid injection of the shoulder. The physician recommended additional physical therapy, hold off on the

Dynasplint, and continue the restrictions. Current work status was described as modified duty. On December 23, 2014, Utilization Review non-certified a prescription for an additional 12 visits of physical therapy requested on December 16, 2014. The physical therapy was non-certified based on the injured worker having completed sufficient physical therapy, including recent physical therapy, to have established an ongoing independent home exercise program. Therefore, there should be no need for further supervised therapy. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for Physical Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient presents with left shoulder pain. The treater is requesting PHYSICAL THERAPY X12 FOR THE LUMBAR SPINE. The patient's work status is modified duty. The MTUS Guidelines pages 98 and 99 on physical medicine recommend 8 to 10 visits for myalgia-, myositis-, and neuralgia-type symptoms. The 12/04/2014 report notes that the patient has received 24 physical therapy sessions. It would appear that physical therapy treatment was for the patient's left shoulder. The 10/16/2014 physical therapy report shows that the patient reports decreased pain in the left shoulder. She had good tolerance with her treatment. The 10/20/2014 physical therapy report shows her condition is about the same, and she tolerated her exercises fairly well. There are no physical therapy reports addressing the lumbar spine. None of the progress reports provided discuss lumbar spine issues. Given the lack of discussion regarding the patient's lumbar spine, and the request exceeding MTUS recommended 8 to 10 visits, the request IS NOT medically necessary.