

Case Number:	CM15-0018955		
Date Assigned:	02/06/2015	Date of Injury:	03/06/1995
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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:

The injured worker is a 70 year old male, who sustained an industrial injury on March 6, 1995. The diagnoses have included left shoulder end stage osteoarthritis status post left shoulder osteoarthritic debridement, removal of loose bodies on November 4, 1998, and an osteoarthritic debridement with subpectoral biceps tenodesis on April 17, 2008, and right shoulder rotator cuff syndrome without advanced osteoarthritis status post right shoulder mini open rotator cuff repair, subacromial decompression, and bicep tenodesis on April 26, 1995. Treatment to date has included physical therapy, cortisone injection, shoulder surgeries, and medications. Currently, the injured worker complains of bilateral shoulder pain. The Secondary Treating Physician's report dated December 8, 2014, noted the injured worker received a left glenohumeral joint cortisone injection on November 18, 2014, reported to slightly improve the injured worker's right shoulder and only minimally improve the left shoulder. The injured worker was noted to be attending physical therapy with some improvement. The injured worker was noted to be against any surgical intervention at that time. On January 6, 2015, Utilization Review non-certified physical therapy two times a week for four weeks for the right shoulder, noting the injured worker had extensive therapy for his chronic condition, without subjective benefits or objective improvement documented, and no documentation as to why the injured worker was not able to continue with rehabilitation on a home exercise program basis. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of physical therapy two times a week for four weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 weeks of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Therapy, CA MTUS, page 474

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

Decision rationale: The patient presents with bilateral shoulder pain. The request is for PHYSICAL THERAPY 2X4 WEEKS OF THE RIGHT SHOULDER. The request for authorization is dated 12/29/14 for physical therapy right and left shoulder. Patient is status-post left shoulder surgery 11/04/14 and right shoulder surgery 04/26/95. Patient received a right subacromial space and a left glenohumeral joint cortisone injection on 11/18/14. Patient gives his left shoulder a SANE score of 25 and a right shoulder SANE score of 50. Patient's left shoulder is positive belly press test. Patient has been attending physical therapy with some improvement. Patient is retired. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 12/08/14, treater's reason for the request is that patient is "against any surgical intervention at this point and is mildly improved with cortisone injections and physical therapy thus far." A short course of physical therapy would be indicated by guidelines given patient's symptoms. However, treater has not provided any documentation of treatment history, nor any discussion why patient requires supervised therapy. Additionally, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 8 additional sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.