

Case Number:	CM15-0114845		
Date Assigned:	06/26/2015	Date of Injury:	10/27/2014
Decision Date:	08/28/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 10-27-14 Initial complaints were of her lumbar spine, bilateral shoulders and neck pain. The injured worker was diagnosed as having right shoulder rotator cuff tear; tear long head bicep; right wrist strain-sprain; right hand strain-sprain; carpal tunnel syndrome; contusion right breast; left shoulder strain-sprain; internal derangement; rotator cuff impingement syndrome; lumbar spine strain-sprain with radiculitis-radiculopathy. Diagnostic studies included a MRI of the right shoulder (10-28-14). Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right shoulder (10-28-14). Currently, the PR-2 notes dated 4-24-15 indicated the injured worker complains of continued pain to her neck, low back, both shoulders and right hand. She complains of neck pain radiating into her arms and low back pain that radiates into her right leg and foot. She reports she is experiencing numbness to her right lower leg and foot. She reports standing, walking, and sitting aggravated the neck pain and low back pain. On physical examination, the cervical spine range of motion indicates forward flexion 40 degrees, extension 10 degrees, rotation right 55 and left 45 degrees, lateral bending right 20 degrees, left 10 degrees. Foraminal compression test is positive and the Spurling's test is positive. There is tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle right and left. She has tenderness to palpation to the thoracic spine with muscle spasms. The lumbar spine range of motion flexion 20, extension 10 and straight leg raise +45 degrees right and +65 degrees left. There is tightness and spasm in the lumbar paraspinal muscular noted bilaterally. There is hypoesthesia along the anterior lateral aspect of the foot and ankle. L5 and S1 dermatome level bilaterally. There is

weakness with big toe dorsiflexion and big toe plantar flexion bilaterally. The right shoulder range of motion flexion 60 degrees, extension 25 degrees, abduction 70 degrees, adduction 35 degrees, internal rotation 45 degrees, external rotation 40 degrees. Impingement test is positive on the right. A MRI of the right shoulder reported date of 10-28-14 impression was tear of the long biceps tendon with retraction of the distal stump to the level of the proximal humeral shaft and a 17mm by 17mm tear of the supraspinatus tendon without atrophy of the supraspinatus muscle. There is arthrosis of the acromioclavicular joint with advanced cartilage loss and mild spurring with attrition of the superior aspect of the posterior labrum. There is tenderness over the greater tuberosity of the right humerus. There is subacromial grinding and clicking of the left humerus. There is tenderness over the rotator cuff muscles on the left. A right shoulder arthroscopic surgery was authorized on 4/22/15 per the provider's documentation on this date. The provider is requesting authorization of Bilateral shoulder physiotherapy x 12-18 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder physiotherapy x 12-18 visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2014 and continues to be treated for neck, low back, bilateral shoulder, and right hand pain. When seen, she was having radiating neck and low back pain. Physical examination findings included decreased spinal range of motion with tightness and muscle spasms. Spurling's testing and compression testing was positive. Straight leg raising was positive. There was decreased lower extremity strength and sensation. There was decreased shoulder range of motion with positive impingement testing and tenderness. Authorization was requested for arthroscopic right shoulder surgery and up to 18 physical therapy treatment sessions. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary.