

Case Number:	CM15-0127209		
Date Assigned:	07/13/2015	Date of Injury:	04/06/2011
Decision Date:	08/14/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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:

This is a 43-year-old male with an April 6, 2011 date of injury. A progress note dated June 9, 2015 documents subjective complaints (intermittent pain in the right shoulder that radiates to the neck on occasion but the neck has improved since shoulder surgery; pins and needles feeling in the neck occasionally; pain rated at a level of 6/10 with flare ups to 8/10; occasional pain in the low back that has significantly improved), objective findings (tenderness to pressure of the right acromioclavicular joint and right coracoid process; decreased range of motion of the bilateral shoulders; decreased grip strength of the right hand; decreased flexion of the lumbar spine), and current diagnoses (superior labral tear of the right shoulder; chronic impingement tendonitis of the left shoulder; rotator cuff tendinosis of the left shoulder; musculoligamentous sprain of the lumbar spine). Treatments to date have included right shoulder arthroscopy, imaging studies, physical therapy, exercise, and injections. The treating physician documented a plan of care that included physical therapy for the bilateral shoulders and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 visits over 4 weeks for bilateral shoulders, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: Based on the 06/23/15 progress report provided by treating physician, the patient presents with bilateral shoulder and low back pain. The patient is status post right shoulder arthroscopic rotator cuff SLAP lesion repair 09/17/14. The request is for physical therapy 6 visits over 4 weeks for bilateral shoulders, lumbar spine. Patient's diagnosis per Request for Authorization form dated 06/15/15 includes sprain bilateral shoulders, and sprain lumbar spine. Physical examination on 06/23/15 revealed tenderness to palpation to the bilateral shoulders and painful range of motion. Lumbar spine range of motion was normal with pain. Treatment to date has included surgery, imaging studies, injections, physical therapy, and home exercise program. The patient may return to modified work duty, per 06/23/15 report. 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. The patient is no longer within postoperative treatment period. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, per physical therapy note dated 04/28/15, the patient has attended 22 visits since original evaluation date of 01/27/15. In this case, physical examination findings are unremarkable, and there is no medical rationale for the request, nor discussion of efficacy of prior therapy. The patient is already in a home exercise program and there is no explanation why on-going supervised therapy is needed, either. Furthermore, the request for additional 24 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request is not medically necessary.