

Case Number:	CM15-0083528		
Date Assigned:	05/05/2015	Date of Injury:	09/06/2013
Decision Date:	10/22/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 60 year old male who sustained an injury on 9-6-13 resulting when he fell off a forklift injuring his left shoulder. Treatment included X-rays, physical therapy, and pain medication. MRI left shoulder on 10-3-14 demonstrated a rotator cuff tear. Diagnoses are left shoulder supraspinatus tendon tear; rotator cuff tear, strain with repair 12-5-14; left shoulder impingement syndrome left lateral epicondylitis. Physical therapy evaluation on 3-23-15 indicates the IW feels stiffness in the shoulder when conductive active elevation unless he is thoroughly warm up. His home program included range of motion exercises, small sports cord rotator cuff strengthening and gym exercise protocol. He continues to have restricted active elevation motion when tested prior to treatment and after warming up his active, passive range of motion left shoulder was 150, 150 elevations; 60, 65 external rotation and T9, T8 internal rotation reach. Strength is improving with +4 elevations; 5 external rotations and -5 internal rotations. He tolerates occasional above shoulder level reaching and is not able to lift one gallon overhead or conduct and customary work driving a forklift. The treatment plan is to continue on a home program of exercises to improve function and revisit one further visit in 1-month conjunction with his next medical office visit. 4-20-15 examination indicates the IW reports his left shoulder is much improved, left elbow is still sore. Left shoulder physical exam reveals left shoulder - no tenderness, swelling or deformity and full range of motion. The left lateral elbow and extensor muscle bundle tenderness, no swelling, no deformity and full range of motion. The treatment plan included referral to physical therapy 2 x 3 weeks for his left elbow. Work status was trial regular duty. Utilization review 4-23-15 requested treatment was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 (left shoulder): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Rotator cuff syndrome/ Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks-Post-injection treatment: 1-2 visits over 1 week-Post-surgical treatment, arthroscopic: 24 visits over 14 weeks. Per the medical records submitted for review, it is noted that the injured worker underwent rotator cuff repair, acromioplasty, and extensive debridement of labrum and subscapularis tendon on 12/5/14 and has completed 7 out of 8 physical therapy visits. I respectfully disagree with the UR physician's denial based on the assertion of a lack of documented evidence of objective and functional gains. Per physical therapy note dated 3/23/15, it was noted that strength was showing improvement now with +4 elevation, 5 external rotation and -5 internal rotation. "Elevation endpoint stiffness passively shows improvement compared to weeks ago. The patient's mild residual inflammatory symptoms caused stiffness on initial presentation prior to treatment today even though after warming up his passive movement feels improved." Additional physical therapy is supported as it is within the guidelines recommendation of 24 visits. The request is medically necessary.