

Case Number:	CM14-0140666		
Date Assigned:	09/10/2014	Date of Injury:	03/08/2012
Decision Date:	10/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 30-year-old female who sustained a vocational injury on March 8, 2012 while working as a program director and coach while doing a tumbling maneuver when she did a backhand spring with a quarter turn. At that time, the claimant injured her left arm and sustained a triceps tendon tear. A second orthopedic injury occurred on February 13, 2013 when her left arm and wrist was twisted in internal rotation when she fell hard on the right shoulder. The office note dated July 10, 2014, documented diagnoses of bilateral adhesive capsulitis; right shoulder superior labrum anterior and posterior tears; left shoulder acromioclavicular joint strain; left wrist dorsal ganglion cyst; and posttraumatic stress disorder. The claimant had constant bilateral shoulder and left wrist pain as well as psychiatric issues. She was noted to be taking one Norco a day. Examination of her right shoulder revealed forward flexion and abduction to 140 degrees and internal and external rotation to 50 degrees. She had positive Hawkins sign, and O'Brien's, Neer and apprehension tests. There was minimal tenderness over the biceps tendon and minimal tenderness over the acromioclavicular joint. She had 4/5 strength in flexion, abduction, and external rotation. Examination of the left shoulder revealed forward flexion and abduction of 106 degrees, and internal and external rotation of 70 degrees. She had a positive Hawkins sign. She had tenderness over the posterior triceps area. She had 4/5 strength in flexion, abduction, and external rotation. She was neurologically intact distally. This review is for twenty-four sessions of therapy to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 12 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Physical therapy Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Use of a home pulley system for stretching and strengthening should be recommended. (Thomas, 2001) For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. For rotator cuff pain with an intact tendon, a trial of 3 to 6 months of conservative therapy

Decision rationale: California MTUS Pain Medical Treatment Guidelines support nine to ten visits of physical therapy in the setting of myalgia, myositis, neuralgia, neuritis, and radiculitis over eight weeks. The Official Disability Guidelines support ten visits over eight weeks for rotator cuff syndrome, impingement syndrome, as well as a sprained shoulder, sixteen visits over eight weeks for adhesive capsulitis and ten visits over eight weeks for a superior glenoid labrum lesion. Currently, the request of twenty-four sessions of physical therapy exceeds both California MTUS Chronic Pain Guidelines and the Official Disability Guidelines for the claimant's working diagnoses and subsequently the proposed twenty-four sessions of physical therapy cannot be considered medically necessary.