

Case Number:	CM14-0027137		
Date Assigned:	06/13/2014	Date of Injury:	07/04/2012
Decision Date:	09/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine & Rehabilitation 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:

This is a 43-year-old male with a 07/04/2012 date of left shoulder and mid back injury. 01/30/14 Progress note states that the patient had EMG/NCS showing moderate bilateral CTS. Pain is at 7/10, exacerbated by any movement to left upper extremity. Patient is on modified duty. Past treatments included physical therapy and chiropractic care, with no significant improvement. Left subacromial steroid injection gave temporary relief. Medications include Ibuprofen 600mg and Norco 10/325mg. Objectively, there is tenderness over supraspinatus and left bicipital groove, painful ROM of left shoulder. A 12/31/13 Cervical MRI: 1. C4-5 and C5-6 demonstrate small diffuse bulges with central annular tears. The bulge does not touch the cord at C5-6. At C4-5, the bulge appears to touch and produce minimal flattening of the cord. 2. There is a small central disc protrusion at C3-4 that touches but does not produce significant flattening of the cord. 3. Greatest degree of neural foraminal stenosis is at C4-5 where they are mild bilaterally. A 01/27/14 Left Shoulder MRI. 1. Tear of the anterior insertion of the supraspinatus involving approximately 50% of the inserting fibers; this is bursal sided, suspect a full-thickness tear without retraction. 2. Chronic wear changes of the posterior superior labrum but I do not see a tear of the biceps labral complex. 3. Fluid in the subacromial/subdeltoid bursa that I suspect is joint fluid leaking out through a full thickness rotator cuff tear. Request is for Physical therapy with strapping once per week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WITH STRAPPING ONCE PER WEEK FOR EIGHT WEEKS:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter Physical Therapy: There is poor data from non-controlled open studies favoring conservative interventions for rotator cuff tears, but this still needs to be proved.

Decision rationale: The medical necessity for the requested treatment is not established. The records provided indicate that the previous PT sessions provided no benefit. Guidelines do not support extended physical therapy in absence of objective improvement. In addition, the physician in the light of the MRI findings diagnosed left shoulder pain due to full thickness rotator cuff tear. This condition calls for surgical treatment and ODG state that there is poor data in favor of conservative treatment for full-thickness rotator cuff tears. The request is not medically necessary.