

Case Number:	CM13-0006457		
Date Assigned:	12/11/2013	Date of Injury:	05/03/2013
Decision Date:	05/02/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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 patient is a 60-year-old male with date of injury of 05/03/2013. The listed diagnoses per [REDACTED] dated 07/15/2013 are: 1) Left shoulder pain, 2) Severe left shoulder bursitis/tendonitis, and 3) Myalgia. According to the progress report by [REDACTED], the patient complains of left shoulder pain. He was referred for 6 sessions of physical therapy, which helped him with his range of motion. He rates his pain a 10/10 without medications and 7/10 with ibuprofen use. He describes his pain as a burning sensation in the left anterior, superior, lateral, and posterior shoulder. The physical examination shows he has an altered sensation diffusely over the left shoulder. There is significant tenderness upon palpation in the anterior biceps tendon area. His left shoulder range of motion is extremely limited with flexion to about 25 degrees, abduction 25 degrees, left shoulder extension at 25 degrees. His left shoulder impingement signs are significantly positive. The treating physician is requesting 8 additional physical therapy sessions for 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 TO THE LEFT SHOULDER, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS.: Upheld

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

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

Decision rationale: This employee presents with left shoulder pain. The treating physician is requesting 8 additional physical therapy visits for the left shoulder. The physical therapy report dated 08/02/2013 shows that the employee has not made much progress since the last progress note. Additionally, the employee still complains of relatively severe left shoulder pain with significant functional limitations. The MTUS Guidelines for physical medicine recommend 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records show that the employee has received 6 sessions of physical therapy recently. However, the employee has not made significant progress with therapy and is still in relatively severe pain. The requested 8 combined with the previous 6 exceeds MTUS recommendations. The employee should be able to start a self-directed home exercise program. Recommendation is for denial.