

Case Number:	CM13-0011499		
Date Assigned:	11/06/2013	Date of Injury:	06/17/2011
Decision Date:	07/29/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/15/2013

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 and 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:

The injured worker is a 43-year-old male who reported an injury on 06/17/2011 due to a gunshot. The injured worker complained of achy, stabbing, burning pain to the left shoulder. On physical examination dated 06/01/2013, there was a tenderness to palpation in the bicipital groove, slight over the AC joint, and lateral acromion. Active range of motion is abduction at 80 degrees, anterior flexion is at 100 degrees, extension is at 30 degrees, internal rotation at 40 degrees, biceps and triceps are rated at 4/5, grasp is good, cubital tunnel testing is slightly positive. The injured worker's diagnoses was left shoulder injury, ulnar nerve and left elbow joint pain, upper. The injured worker's past treatments and diagnostics were an injection of Xylocaine and Marcaine to the left shoulder, dated 03/06/2013, x-ray of the lumbar spine dated 04/10/2013, which revealed decreased disc space height on the lower lumbar spine, which indicates disc disease, and minimal degenerative changes with small osteophyte formation, and a cortisone injection to the left shoulder, 06/06/2013. The treatment plan was for additional physical therapy 2 times a week for 4 weeks of the left shoulder per prescription dated 06/13/2013. The request for Authorization Form was not provided with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR THE LEFT SHOULDER PER R X DATED 6/13/13 QUANTITY EIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98.

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

Decision rationale: The request for additional physical therapy 2 times a week for 4 weeks for the left shoulder per prescription, dated 06/13/2013, quantity 8 is not medically necessary. The California Medical MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The Physical Medicine Guidelines 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 mitosis, unspecified, allows for 9 to 10 visits over 8 weeks. Neuralgia and neuritis and radiculitis, unspecified, allows for 8 to 10 visits over 4 weeks. Reflex sympathetic dystrophy allows for 24 visits over a 16 week period. Although medical records submitted for review identify left shoulder pain, there was no documentation of progress report indicating rationale for additional PT. As such, the request for additional PT 2 times a week for 4 weeks for the left shoulder per prescription, dated 06/13/2013, quantity 8, is not medically necessary.