

Case Number:	CM13-0014548		
Date Assigned:	12/27/2013	Date of Injury:	02/18/2013
Decision Date:	03/17/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/21/2013

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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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 61-year-old male with a date of injury on 02/18/2013; the mode of injury was falling off a ladder and hurting left shoulder. The patient was seen for therapy on 07/15/2015. The patient is complaining of limited range of motion of the left shoulder; pain in the left shoulder with no tingling or numbness. The therapist noted weakness, but not sure if from shoulder pain or stroke on the same side. There is no pain today; still has impairment in range of motion. There is noted documentation of several physical therapy notes in the documentation provided; that is most of the information provided; not any current office visits to check on medications, effectiveness of medication, or any other type of conservative care that the doctor has prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

.Physical therapy two (2) times a week for four (4) weeks for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder: Sprained shoulder, rotator cuff

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

Decision rationale: The patient is a 61-year-old male with date of injury on 02/18/2013; mode of injury was falling off a ladder and hurting left shoulder. The patient is diagnosed with affections of the shoulder region, not elsewhere classified, primary localized osteoarthritis, and shoulder region. Again, there is no current documentation from a physician as far as office note to see about current medications, effectiveness of medication, and any other type of conservative care the doctor may have prescribed. The patient had physical therapy evaluation on 07/15/2013; signs and symptoms noted by therapist were suggestive of rotator cuff pathology, though may have some residual weakness at left upper extremity post stroke; difficult to discern if weakness related to shoulder pain or weakness post stroke. There was no pain noted by the patient. There was still some tenderness noted at the start of the cross friction, but pain was 0/10. The records note the patient still has some impairment in strength and range of motion, limiting performance of activities of daily living. The California MTUS guidelines state that physical therapy/medicine is recommended as indicated below: 1) passive therapy, those treatment modalities that do not require energy expenditure of the part of the patient can provide short-term relief during the early phase of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing of soft tissue injuries. Physical therapy is approved and allowed for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active, self-directed home physical medicine. Diagnoses approved for physical therapy: myalgia and myositis unspecified allows 9 to 10 visits over 8 weeks; neuralgia, neuritis, and radiculitis unspecified allows for 8 to 10 visits over 4 weeks; reflex sympathetic dystrophy allows 24 visits over 16 weeks. Again, the documentation provided did not have any current physician followup visits to show any type of other conservative care being used at this point. The documentation that was provided did show several physical therapy visits so the patient has been receiving therapy at this time. There is no way to know of the number of sessions and effectiveness of the therapy; the patient also did have a stroke so there is no documentation if therapy is for the stroke or not. There is missing documentation to show if the patient has exceeded that allowable therapy sessions. Therefore, the request for physical therapy 2 times a week x 4 weeks for the left shoulder is non-certified.