

Case Number:	CM13-0014746		
Date Assigned:	12/18/2013	Date of Injury:	10/05/2012
Decision Date:	08/25/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/21/2013

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 Family Medicine, 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 injured worker's date of injury is 10/05/2012. The patient has chronic left shoulder, left elbow, and neck pain. The pain is intermittent and the patient takes ibuprofen for pain, which is taken nightly. X-rays show calcific tendonitis of the shoulder. The diagnosis for the elbow is bicipital tendonitis. Elbow MRI is normal. The patient received physical therapy and an intra-articular cortisone injection in the shoulder. The MRI of the shoulder did not show a rotator cuff tear. The physician's note dated 07/15/2013 states that on physical exam the shoulder ROM is full. The Neer and Hawkins tests were mildly positive on the left shoulder. This review is for the request for extra physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1-2 TIMES A WEEK FOR 4 TO 6 WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: This patient has chronic left shoulder pain despite having received a cortisone injection and 12 sessions of physical therapy (PT). The guidelines call for fading of

physical therapy sessions with home exercises to be continued afterwards. The request for additional physical therapy is not medically necessary.