

Case Number:	CM13-0015168		
Date Assigned:	06/06/2014	Date of Injury:	07/19/2012
Decision Date:	07/11/2014	UR Denial Date:	07/31/2013
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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 59-year-old gentleman who sustained work-related injury to his left shoulder on July 19, 2012. A physician's note dated June 14, 2013, the injured worker complained of left shoulder pain rated at an average of 6/10. Physical examination on this date noted left shoulder abduction to 130, internal rotation to 45 and flexion to 120. All motions demonstrated were limited by pain. There was increased sensation at the C4, -5, and C6 dermatomal levels. There was also mild tenderness in the upper thoracic paraspinal musculature. Previous treatment was stated to include physical therapy, chiropractic's, and oral medications. There was a diagnosis of chronic myofascial pain syndrome with trigger points, left shoulder adhesive capsulitis, and mild osteoarthritis of the left shoulder acromioclavicular joint. It was stated that the previous twelve visits of physical therapy for the left shoulder only provided temporary relief. Additional physical therapy was started on September 4, 2013. No apparent left shoulder surgery has been conducted. A previous utilization review dated July 31, 2013, did not recommend request for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration, Physical Medicine Page(s): 7, Page 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy, updated April 25, 2014.

Decision rationale: The injured worker has been diagnosed with adhesive capsulitis of the left shoulder. The Official Disability Guidelines (ODG) recommend 16 visits of physical therapy over eight weeks time for this condition. The injured worker has previously participated in 12 formal sessions of physical therapy with only temporary relief of the symptoms. It is unlikely any additional significant gains to be realized from four additional sessions. An additional 12 sessions as requested does not fall within the recommended guidelines and similarly does not appear warranted by the patient's history. The request is not medically necessary.