

Case Number:	CM13-0020993		
Date Assigned:	01/15/2014	Date of Injury:	02/08/2011
Decision Date:	03/25/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/06/2013

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 Surgeon 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 reported an injury on 02/08/2011. The mechanism of injury was not provided. The patient's most recent surgery was noted to be in 12/2012. The patient's diagnosis was unspecified arthropathy involving the shoulder region. The patient had pain in the left shoulder without radiation. Associated symptoms were noted to be nocturnal waking and pain and stiffness. Active range of motion was noted to be 110 degrees, extension 90 degrees, flexion 15 degrees, and internal rotation SID. The passive range of motion was noted to be flexion 130 degrees, external rotation 90 degrees. The patient had tenderness to palpation in the left shoulder. The assessment and plan was noted to be an additional course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27.

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

Decision rationale: California MTUS Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for

review failed to indicate the number of sessions the patient had participated in previously. Additionally, there was a lack of documentation of functional deficits to support ongoing therapy, as the patient should be well versed in a home exercise program. The patient was noted to have 24 sessions of physical therapy previously and there was a lack of documentation of functional gains from therapy. Additionally, there was a lack of documentation indicating the laterality for the request. Given the above, the request for 12 sessions of physical therapy for the shoulder is not medically necessary.