

Case Number:	CM13-0027394		
Date Assigned:	11/22/2013	Date of Injury:	10/13/2011
Decision Date:	02/06/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana and 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 33-year-old female who reported an injury on 10/13/2011. The mechanism of injury was noted to be the patient was at work lifting a patient and had a shoulder injury. The patient was noted to have physical therapy, steroid injection, and 2 shoulder surgeries. The physical examination revealed the patient had a positive impingement and positive Speed's test, along with strength 4+/5 and tenderness to palpation over the biceps tendon, and AC joint along the pectoralis muscle. Distally, the patient was noted to be neurovascularly intact. The impression was noted to be left shoulder status post instability surgery Bankart and manipulation. The recommendation was noted to be a short course of physical therapy and work on home exercise program in the meantime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

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

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had prior physical therapy. However, it failed to provide documentation of objective functional improvement. Additionally, the patient should be well versed in a home exercise program. Given the above, the request for Physical Therapy 2x4 for the left shoulder is not medically necessary.