

Case Number:	CM13-0039654		
Date Assigned:	12/20/2013	Date of Injury:	02/11/2009
Decision Date:	02/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Practice 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 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 54-year-old male who reported an injury on 02/11/2009. The mechanism of injury was not provided in the medical records. His diagnoses include displacement of lumbar intervertebral disc without myelopathy, pain in joint and unspecified neuralgia, neuritis, and radiculitis. The patient was noted to be status post left shoulder arthroscopy, subacromial decompression, and mini Mumford and rotator cuff debridement on 01/24/2012. At his 09/09/2013 office visit, it was noted that the patient had decreased range of motion and a positive impingement sign in his left shoulder. The treatment plan was noted for injections and physical therapy, with the hope that conservative measures would help him be able to avoid repeat surgery. It was noted that [REDACTED] felt that the patient had a frozen shoulder, which was causing him pain and stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Physical therapy 2 x 6 weeks of the left shoulder: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, 9 to 10 visits of physical therapy are recommended over 8 weeks in the treatment of unspecified myalgia and myositis, and for 8 to 10 visits over 4 weeks in the treatment of neuralgia, neuritis, and radiculitis. The patient was noted to have functional deficits related to a possible frozen left shoulder and therapy would be supported. However, the request for therapy twice a week for 6 weeks exceeds the Guideline's recommendation for number of visits. As such, the request for Physical therapy 2 x 6 weeks of the left shoulder is non-certified.