

Case Number:	CM13-0040982		
Date Assigned:	12/20/2013	Date of Injury:	05/16/2003
Decision Date:	07/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation and Pain Medicine 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 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:

Injured worker is a 59 year old male with a date of injury of 05/16/2003. The mechanism of injury is described as a fall through plywood. Current status of the injured worker is not disclosed in the documentation provided for review. The injured worker's diagnoses as of 09/10/2013 include low back pain, bilateral shoulder pain and neck pain. Prior utilization review dated 09/19/2013 reports previous medical treatment at that time had included psychotherapy for pain management, H-Wave, cervical and lumbar epidural steroid injections, laminectomy and discectomy at L4-5 and L4-S1 bilateral foraminotomies on 03/22/2004 and left shoulder arthroscopic decompression on 11/17/2003. No reports from any of the aforementioned procedures were available for review. Physical therapy notes were included for review and indicate the injured worker received 8 treatments to the left shoulder, neck and back between 07/18/2013 and 08/12/2013. There are no other indications of additional physical therapy visits. Included imaging studies include a magnetic resonance image (MRI) of the lumbar spine on 04/15/2013, MRI of the cervical spine on 6/24/2013, and MRI of the left shoulder on 09/06/2013. MRI of the left shoulder revealed partial thickness tearing of the supraspinatus and of the infraspinatus, prominent osteophytic spurring of the acromioclavicular joint indicating potential impingement, and glenohumeral osteoarthritis. The most recent clinical note dated 09/10/2013 includes physical examination findings of the left shoulder revealing abduction to 90 degrees and forward flexion to 10 degrees with pain upon impingement maneuvers. This note also reports the injured worker failed physical therapy to the left shoulder. Most recent physical therapy note dated 08/12/13 confirms the injured worker reported his overall shoulder pain had actually worsened.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO 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 section Page(s): 98-99 of 127.

Decision rationale: Based on the documentation provided for review, the injured worker reported his past physical therapy actually worsened his left shoulder pain. The most recent clinical note, dated 09/10/2013 reported the injured worker failed physical therapy to his left shoulder. There are no reports included for review of medical treatment of any kind from 09/10/2013 to present, thus the injured worker's current status and current diagnosis cannot be known. The request does not indicate the number or duration of visits requested. Based on the lack of current documentation and the documented failure of physical therapy to the injured worker's left shoulder in the past, physical therapy to the left should is not medically necessary.