

Case Number:	CM13-0042424		
Date Assigned:	12/27/2013	Date of Injury:	12/12/2012
Decision Date:	04/28/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational Medicine 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 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 patient is a 36 year old male with a 12/12/12 date of injury. The patient had a left shoulder MRI 3/18/13 which demonstrated labral degeneration and no tear, a small area of subscapularis tendinosis, and mild acromioclaviular joint arthrosis. The patient has been previously treated with medications, TENS unit, injections, and physical therapy. A panel QME 2/6/14 noted that the pateint states that he received approximately 5 sessions of physical therapy and that he believes that the therapy was not helpful, as his pain was quite severe. He believes that physical therapy may now be beneficial. The note identified current symptoms to include left shoulder pain, slight numbness in the left upper back, weakness of left shoulder. There is restricted lifting and carrying with the left shoulder. Examination demonstrated left shoulder restricted range of motion with abduction to 90 degrees, forward flexion to 100, extension to 30, external rotation to 50 and internal rotation to 70. There is a left shoulder slight deformity with prominence of the acromioclavicular joint. The note states that the patient should undergo additional physical therapy since he has not had an adequate course.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT SHOULDER 2X8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER.

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

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS Chronic Pain Treatment Guidelines state that Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. This patient has a 2012 date of injury and there is no real evidence of specific functional deficits to warrant additional physical therapy. The patient did not have objective improvement with previous treatment and it is unclear why another course of therapy would be indicated. There is no discussion as to why the patient cannot progress to a home exercise regimen at this time. Additionally, the requested number of sessions exceeds guideline recommendations. The request is not medically necessary.