

Case Number:	CM13-0046849		
Date Assigned:	12/27/2013	Date of Injury:	10/13/2009
Decision Date:	07/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 Management, has a subspecialty in Interventional Spine 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:

This patient is a 56-year-old male with a date of injury of 10/13/2009. The patient diagnoses included recurrent left shoulder pain, recurrent impingement bursitis, and left shoulder versus C5-6 neurogenic pain pattern in the left upper extremity. According to progress report 09/18/2013, the patient presents with chronic left shoulder pain. The patient is status post decompression of the left shoulder from 2012 and remains somewhat symptomatic. He is having slight to moderate pain with heavy lifting activities. He has completed his exercise program, and has been taught a home exercise program. The examination revealed decreased range of motion on all planes of the left shoulder. Muscle strength and tone was decreased on the left with abduction and internal rotation. The patient has completed therapy and has been placed on permanent stationary status. He presents with recurrent pain despite the fact that he is not working. The treating physician recommends that the patient resume physical therapy twice a week for the next 4 to 6 weeks to strengthen the rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : The Chronic Pain Medical Treatment Guidelines, Physical Medicine Section, 99 Page(s): 99.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine chapter, pages 98-99

Decision rationale: This patient presents with chronic left arm and shoulder pain. He is status post decompression of the left shoulder in 2012 and continues to be somewhat symptomatic. For physical medicine, the MTUS Guidelines recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. The report on 09/18/2013 indicates the patient has completed his PT program in April and has been taught a home exercise program. It is unclear to the exact number of PT received to date. In this case, the treating physician's recommendation for additional 12 sessions exceeds what is recommended by the MTUS. Furthermore, the treating physician notes that the patient is to perform the necessary home exercise taught during therapy. The treating physician does not indicate what more is to be accomplished with additional therapy. The request also exceeds what is allowed by the MTUS for this kind of condition. As such, the request is not medically necessary.