

Case Number:	CM13-0047869		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2011
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of 1/14/11. A progress report dated 11/14/13 identifies subjective complaints including pain about the left shoulder. Objective examination findings identify "tenderness over the anterolateral aspect of the left shoulder with positive impingement on 1 and 2 testings and some weakness of the rotator cuff on this side." Diagnoses include left shoulder pain without a rotator cuff tear, but with rotator cuff tendinopathy; the diagnosis was obtained via MRI in May of 2011. The treatment plan recommends physical therapy for the left shoulder. The provider notes that the patient has not participated in any therapy sessions in greater than two years.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy twice a week for six weeks for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for physical therapy twice a week for six weeks for the left shoulder, California MTUS does support up to 10 sessions of physical therapy in the

management of myalgia and myositis. Within the documentation available for review, there is documentation that the patient has had a flare-up of rotator cuff tendinopathy, and that she has not had any physical therapy for more than two years. However, the current request exceeds the California MTUS recommendations of 10 sessions, and unfortunately, there is no provision to modify this request. In light of the above issues, the currently requested physical therapy twice a week for six weeks for the left shoulder is not medically necessary.