

Case Number:	CM13-0058083		
Date Assigned:	12/30/2013	Date of Injury:	08/28/1990
Decision Date:	05/02/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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, 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 is a 56 year-old male with an 8/28/1990 industrial injury claim. He has been diagnosed with a left SLAP lesion, left shoulder impingement and cervical radiculopathy. According to the 10/23/13 orthopedic report, the patient presents with increased left shoulder pain. He had a gym membership that expired and the pain got worse. He had improvement in PT in the past and it was part of his future medical award. The physician requested another course of PT x12 on 11/18/13 UR denied this.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X6WKS LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The patient presents with worsening left shoulder pain following the expiration of his gym membership. He has been diagnosed with a SLAP lesion as well as with cervical radiculopathy. The patient has a future medical award for PT and the physician

requested 12 sessions of PT. The California MTUS guidelines recommend 8-10 sessions of PT for various myalgias and neuralgias. The request for 12 sessions will exceed the MTUS recommendations.