

Case Number:	CM13-0063081		
Date Assigned:	12/30/2013	Date of Injury:	02/14/2010
Decision Date:	04/11/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation, 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:

The patient is a 41-year-old male who sustained an unspecified injury on 02/14/2010. The patient was evaluated on 10/15/2013 with complaints of left shoulder pain rated 2/10. The physical examination noted the patient's passive range of motion of 155 degrees with flexion and 152 degrees with extension. The evaluation did not include the patient's active range of motion. The diagnosis noted was shoulder pain. It is unclear how many sessions of physical therapy the patient participated in for his left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: The request for 12 physical therapy sessions for the left shoulder is non-certified. The documentation submitted for review indicated the patient did have decreased range of motion to the left shoulder. The California MTUS Guidelines recommends the use of physical therapy for restoring flexibility, strength, endurance, function, range of motion, and

alleviate discomfort. However, the documentation submitted for review indicated the patient had previously participated in physical therapy for the left shoulder for an unknown number of sessions. The documentation submitted for review did not indicate if the patient had any objective functional improvement with previous sessions of physical therapy. The documentation submitted for review indicated the patient's passive range of motion but did not include the patient's active range of motion. The request submitted for review did not indicate the duration of treatment. The duration of treatment is needed to ensure the proper re-evaluation and modification of treatment plan for patients. Given the information submitted for review, the request for 12 physical therapy sessions for the left shoulder is non-certified.

One X-rays of the left shoulder 4 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for X-rays of the left shoulder 4 views is non-certified. The documentation submitted for review indicated the patient underwent x-rays of the left shoulder on 09/20/2013 with noted normal findings. ACOEM recommends the use of radiographs for shoulder complaints after 4-6 weeks of conservative treatment that fails to improve the patient's condition. The documentation submitted for review indicated the patient had participated in conservative care without improvement; however, the guidelines recommend the use of repeat imaging for patients with a significant change in condition. The documentation submitted for review did not indicate the patient had a change in condition. Therefore, repeat imaging is not supported. Given the information submitted for review, the request for X-rays of the left shoulder 4 views is non-certified.