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| Case Number: | CM13-0063105 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/26/2011 |
| Decision Date: | 04/14/2014 | UR Denial Date: | 11/26/2013 |
| 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 and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 48-year-old female who reported an injury on 06/26/2011 after lifting a heavy object. The patient reportedly sustained an injury to her neck, right shoulder, and low back. The patient's treatment history included physical therapy, trigger point injections, acupuncture, and a right shoulder corticosteroid injection. The patient also underwent right shoulder arthroscopic subacromial decompression surgery in 05/2012 that was followed by a course of postoperative physical therapy. The patient's most recent clinical documentation noted the patient had developed overcompensation syndrome of the left shoulder resulting in a left trapezius strain. Physical findings of the left shoulder included range of motion described as 45 degrees in extension, 90 degrees in flexion, 70 degrees in abduction, and tenderness to palpation in the deltoid, lateral elbow, trapezius, and posterior shoulder musculature. The patient's diagnoses included bursitis of the shoulder, tendinitis of the shoulder, left lateral epicondylitis, and left trapezius strain. The patient's treatment recommendations included physical therapy for the left shoulder.

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 FOUR WEEKS FOR THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG) (updated 6/13/13): Physical Therapy; ODG Elbow (updated 5/7/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Medicine.

Decision rationale: Physical therapy twice a week for 4 weeks for the left upper extremity is not medically necessary or appropriate. Official Disability Guidelines recommend up to 10 visits of physical therapy as appropriate for a left shoulder sprain. The requested 8 visits do fall within this recommendation. There is no documentation that the patient has previously received any conservative therapy directed towards the left shoulder. Therefore, Official Disability Guidelines recommend a 6-visit clinical trial to establish efficacy of this treatment modality to the intended body part. The requested 8 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy twice a week for 4 weeks for the left is not medically necessary or appropriate.