

Case Number:	CM13-0065334		
Date Assigned:	01/03/2014	Date of Injury:	08/19/2010
Decision Date:	05/30/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology, 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:

The patient is an employee of [REDACTED] and has submitted a claim for shoulder and upper arm sprain/strain associated with an industrial injury on August 19, 2010. Treatment to date includes oral analgesics, cortisone injections, physical therapy, chiropractic therapy, left shoulder arthroscopic acromioplasty, distal claviclectomy and biceps tenodesis (March 26, 2013). A utilization review dated November 20, 2013 denied request for physical therapy x8 visits of the left shoulder as the patient had completed extensive physical therapy to date. Most recent report submitted provides no documentation and discussion of current shoulder complaints and objective findings. It is expected that the claimant would be independent in a home exercise program and at home modality use to address remaining complaints. Medical records from 2013 were reviewed and showed persistent, moderate left shoulder pain aggravated by motion. Activities of daily living are significantly affected and the patient was unable to return to work due to physical limitations. He has undergone unspecified number of physical therapy sessions which helped improve function. Physical examination showed limited range of motion of the left shoulder (forward flexion 100 degrees, abduction 100 degrees, external rotation 70 degrees, internal rotation 40 degrees). Tenderness is noted over the bicipital groove with positive Hawkin's and Empty Can test. There is pain with cross over. Medications include Flexeril, Protonix, Anaprox, Prilosec and Percocet 5/325 taken as far back as March 2013. Duration and frequency of use of medications were not specified. No adverse effects were reported from the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 8 VISITS LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary.

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

Decision rationale: As stated on pages 98-99 of the MTUS Chronic Pain Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient had previous physical therapy sessions, however medical records submitted for review did not indicate the number of therapy sessions the patient was able to complete. There is no evidence showing as to why the patient is still not well versed to perform independent exercises at home. Likewise, there is no documentation as to why an extension of physical therapy is indicated. Furthermore, limitation in activities of daily living caused by the left shoulder pain was not documented. Therefore, the request for eight (8) sessions of physical therapy, for the left shoulder is not medically necessary.