

Case Number:	CM13-0065490		
Date Assigned:	01/03/2014	Date of Injury:	03/24/2008
Decision Date:	04/19/2014	UR Denial Date:	12/06/2013
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 Family Practice 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 54-year-old female who reported an injury on 03/24/2008. The mechanism of injury was not provided in the medical records. The patient is diagnosed with adhesive capsulitis of the left shoulder, left shoulder impingement syndrome, and cervical sprain/strain. She was also noted to have a history of surgery to the left shoulder, including arthroscopic capsular release and arthroscopic acromioplasty and Mumford procedure. The patient's symptoms are noted to include shoulder pain and neck pain with no radiation. Her physical examination findings indicate that the patient has tenderness to palpation in the left cervical paraspinals. A request was made for continued medications, a Toradol injection, and physical therapy 2 times a week x3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, physical therapy may be recommended in the treatment of unspecified myalgia and myositis at 9 visits to 10 visits over 8 weeks. The clinical information submitted for review indicates that the patient has a history of left shoulder surgery and reported continued left shoulder pain at her most recent office visit. However, details regarding the patient's past physical therapy treatment were not provided for review, including the specific number of visits, duration of treatment, and measurable objective functional gains made with that treatment. In the absence of these details and as the patient's physical examination failed to show evidence of current objective functional deficits to warrant physical therapy treatment, the request is not supported. As such, the request is non-certified.