

Case Number:	CM13-0068101		
Date Assigned:	01/08/2014	Date of Injury:	04/01/2013
Decision Date:	05/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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 Sports 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 injured worker is a 48 year old female with a reported injury date on 04/01/2013 which resulted from a child twisting the injured worker's arm behind her. An official MRI dated revealed the injured worker had evidence of frank tearing of the inferior glenohumeral ligament with tendinosis, type 2 acromion resulting in possible impingement, and diffusely blunted labrum suggesting degeneration and fraying. The clinical note dated 12/12/2013 noted that the patient has continued pain in the left shoulder and continued complaints of restricted range of motion. Objective findings include tenderness to the anterior and lateral subacromial area and range of motion measured at 135 degrees of forward flexion and 100 degrees of abduction as compared to 102 degrees of forward flexion and 95 degrees of abduction on 04/29/2013. Additional findings included a positive impingement sign and intact sensation to pinprick and light touch. It was noted that the injured worker had to be treated with an unknown regiment of anti-inflammatory medications, limitation of activity, and at least 17 sessions of physical therapy. The request for authorization form was not provided in the available clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XWK X 3-4 WKS LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Page(s): 99.

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

Decision rationale: The California MTUS Guidelines recommends the use of physical medicine to help control swelling, pain and inflammation during the rehabilitation process up to 10 visits over 8 weeks. The MTUS guidelines also state that the use of active modalities over passive modalities is associated with better clinical outcomes. The documentation provided noted that the injured worker has already received at least 17 sessions of physical therapy which exceeds the recommended 10 visits. Additionally, the documented outcome of the previous physical therapy does not show a significant improvement in the injured workers function. Furthermore, it remains unclear what modalities the requesting physician is requesting. The request for physical therapy three times a week for three to four weeks for the left shoulder is not medically necessary and appropriate.