

Case Number:	CM13-0069371		
Date Assigned:	01/03/2014	Date of Injury:	10/20/2012
Decision Date:	04/25/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 a 29-year-old male who reported an injury on 10/20/2012, due to a fall off a delivery truck. The patient reportedly sustained an injury to his head and left shoulder. The patient's treatment history included physical therapy, activity modifications, and psychiatric support. The patient's most recent evaluation of the left shoulder documented that there was tenderness to palpation along the shoulder joint with muscle testing rated at a 4/5 with range of motion. It was also noted that the patient had restricted range of motion secondary to pain described as 170 degrees in flexion, 40 degrees in extension, 170 degrees in abduction, 40 degrees in adduction, and 80 degrees in internal and external rotation. The patient's diagnoses included left shoulder derangement, left hand pain, and lumbar myospasms. The patient's treatment plan included continuation of medications and trigger point injections. A request was made for physical therapy 3 times a week for 4 weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for TWELVE (12) Physical therapy SESSIONS for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation ODG- Physical Therapy Guidelines

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has a treatment history of physical therapy, although the specific number of visits that the patient had participated in was not identified within the documentation. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not clearly indicate that the patient is participating in a home exercise program and may benefit from a very short course of additional physical therapy to re-educate and re-establish a home exercise program. However, the requested 12 visits would be considered excessive. As such, the requested physical therapy 3 times a week for 4 weeks for the left shoulder is not medically necessary or appropriate.