

Case Number:	CM13-0069555		
Date Assigned:	01/29/2014	Date of Injury:	06/10/2013
Decision Date:	08/06/2014	UR Denial Date:	12/10/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 46 year old male who was injured on 06/10/2013. He sustained an injury to his left shoulder. The mechanism of injury is unknown. He has received 20 sessions of physical therapy in the past. The patient has been diagnosed with left shoulder rotator cuff tear, left shoulder biceps tenosynovitis, and left shoulder bursitis on 09/03/2013. Progress report dated 11/27/2013 states the patient complained of left shoulder pain. Prior utilization review dated 12/10/2013 states the request for continued PT two (2) times six (6) to left shoulder is not authorized; however 2 sessions of additional physical therapy to instruct in a home program are certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PT TWO (2) TIMES SIX (6) TO LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy.

Decision rationale: According to the guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance,

function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. As stated in the guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the injured worker has had 20 sessions of PT visits. However, there is no documentation of any significant improvement in level of pain and function. Furthermore, the injured worker should have been transitioned to a home exercise program. Therefore, the medical necessity of the requested services cannot be established per guidelines.