

Case Number:	CM13-0069567		
Date Assigned:	01/03/2014	Date of Injury:	11/08/2011
Decision Date:	04/15/2014	UR Denial Date:	11/27/2013
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 Interventional Spine, 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 51 year-old male with a date of injury of 11/08/2011. The listed diagnoses per [REDACTED] are: 1) Status post acromioplasty dated April 2012 2) Non-industrial diabetes, hypertension and history of kidney stones According to report dated 11/19/2013 by [REDACTED], the patient presents with persistent pain in his left shoulder. [REDACTED] wants him to try physical therapy again. Patient states he has had physical therapy and has not found it very helpful. Report states post operative MRI taken earlier this year revealed postoperative changes and possible metal artifact. Physical examination revealed abduct 90 degrees, full forward flex 100 degrees, extension to 30 degrees, internally and externally rotate about 30 degrees with positive impingement sign. Report dated 10/03/2013 by [REDACTED] states patient presents with continued left shoulder complaints. Patient was administered an injection to the shoulder to help diminish symptoms and allow improve function. [REDACTED] recommends continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, THREE TIMES PER WEEK FOR FOUR WEEKS, TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder (updated 6/12/13) Physical Therapy

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

Decision rationale: This patient presents with continued complaints of left shoulder pain. The treater is requesting 12 additional physical therapy sessions. For physical medicine, the MTUS guidelines pg 98, 99 recommends 9-10 sessions over 8 weeks for such diagnoses as myalgia/myositis/neuralgia and neuritis. Medical records indicate this patient received 9 physical therapy sessions ending on 08/07/2013. The treater has asked for 12 sessions more. The requested additional 12 sessions exceeds what is recommended by MTUS. Furthermore, based on the patient's report, it does not appear that prior therapy was any helpful. It is not known why the treater wants to continue a treatment course has not worked. Recommendation is for denial.