

Case Number:	CM13-0071068		
Date Assigned:	05/07/2014	Date of Injury:	04/27/2008
Decision Date:	06/13/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 43 year old male who was injured on 04/27/2008 while working in a warehouse and performing repetitive lifting activities sustaining injury to his left shoulder. Prior treatment history has included extensive conservative treatment including rest, anti-inflammatory medications, physical therapy and subacromial cortisone injections, which only brought temporary relief. Pending surgery the patient will continue with self-directed exercises. Diagnostic studies reviewed include MRI of the left shoulder revealing partial rotator cuff tear, date unknown. Initial Specialist Consultation dated 11/21/2013 documented one month ago the patient had a flare up of his left shoulder while performing work with recurrent and increasing left shoulder pain. At this time the patient has moderate left shoulder pain. Objective findings on examination of the left shoulder reveal tenderness of the subacromial bursa. There is a positive Neer's, Hawkin's, and Jobe impingement signs. Tenderness to the acromioclavicular joint. ROM of the left shoulder and strength in the left shoulder is decreased compared to the right shoulder. Clinical Impression: Persistent, symptomatic impingement syndrome and partial rotator cuff tear of the left shoulder. Treatment/Recommendation: 1. Patient was given a subacromial cortisone injection for pain and inflammatory relief. 2. The patient was given a renewal for physical therapy for modalities and rotator cuff strengthening exercises. UR report dated 12/09/2013 denied the request for physical therapy 3x4 of the left shoulder because the patient has had extensive PT for this chronic condition. There was no subjective benefits noted form PT. Likewise, no objective improvement from PT documented, also why the claimant is not able to continue with rehabilitation on a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4 LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder, Physical Therapy.

Decision rationale: The CA MTUS does not adequately address the need for chronic/ recurrent shoulder symptoms, therefore the Official Disability Guidelines (ODG) were applied. The patient was noted to have a flare up of his symptoms with decreased range of motion (when compared to the uninjured side) and decreased motor strength on the date of request (11/21/2013). The ODG recommends physical therapy, post-injection, at 1-2 visits over 1 week. The patient was administered an injection on 11/21/2013 and a request was made for 12 total physical therapy sessions. This amount of physical therapy is not medically necessary. Additionally, physical therapy courses should not be started prior to a surgical procedure. The progress report following the requested date notes the patient is pending surgery. Based on the guidelines cited and the medical documentation provided, the request for physical therapy (total of 12 sessions) is not medically necessary. The request is not medically necessary and appropriate.