

Case Number:	CM14-0004590		
Date Assigned:	02/05/2014	Date of Injury:	02/17/2011
Decision Date:	08/13/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 injured worker is a 62-year-old male who reported an injury on 02/17/2011 caused by an unspecified mechanism. The injured worker's treatment history included surgery, X-rays, MRI, and physical therapy. The provider noted that the injured worker had pain when reaching and lifting. It was noted that the injured worker had severe neck and left arm pain with numbness in his left 4th and 5th fingers. His left arm was weak with radiating pain down to his hand. The physical examination of his left shoulder revealed pain to palpation and palpable tightness over the deltoid. His motion was restricted due to pain with flexion to 160 degrees and abduction to 120 degrees. He had full passive range of motion with minimal pain. The provider noted he had good strength, increased pain with resisted shoulder motion. Impingement test was positive. It was documented the injured worker had attended prior physical therapy sessions for his left shoulder; however, the prior physical therapy sessions were not submitted for this review. No medications were listed for the injured worker. Diagnoses included impingement syndrome of the shoulder, left shoulder arthroscopy with debridement labral tear, left arthroscopic subacromial decompression, resection distal left clavicle at the AC joint, status post rotator cuff repair and impingement syndrome of the shoulder. The Request for Authorization dated 12/16/2013 was for physical therapy for the left shoulder; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, SIX SESSIONS TO LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked evidence of any conservative care measures for the injured worker. The documents submitted lacked outcome measurements of prior physical therapy sessions, pain medication management and a home exercise regimen. In addition, the documents submitted on 01/28/2014 indicated the injured worker's left shoulder was doing better with no baseline pain. Given the above, the request for physical therapy is not medically necessary.