

Case Number:	CM14-0102429		
Date Assigned:	07/30/2014	Date of Injury:	05/09/2010
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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 Nevada. 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 31-year-old male who was reportedly injured on 5/9/2010. The mechanism of injury was listed as a repetitive trauma while working as a machine operator. The injured worker underwent left shoulder surgery on 7/30/2013. The most recent progress note dated 3/13/2014, indicated that there were ongoing complaints of left shoulder, neck, back and left upper extremity pains. The physical examination demonstrated no tenderness to shoulder, positive left Hawkin's Impingement sign, tenderness and spasm to cervical paravertebral musculature, trapezium and interscapular areas. There were 2+ reflexes, decreased left C6 sensation, 4/5 deltoid strength, otherwise 5/5 in upper extremities. Left shoulder active/passive range of motion was not documented. Electromyogram/nerve conduction velocity of upper extremities dated 2/12/2014 was normal. Previous treatment included #18 visits of physical therapy after surgery. A request was made for physical therapy #12 visits for left shoulder and was not certified in the pre-authorization process on 6/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, quantity 12, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support a maximum of 10 physical therapy visits for myalgia. Review of the available medical records failed to document tenderness to the left shoulder or current active range of motion on physical examination. The injured worker has previously undergone a left shoulder surgery and #18 physical therapy visits. Given the lack of documentation, treatment guidelines do not support additional physical therapy, and therefore, the request for physical therapy quantity 12, for the left shoulder is not medically necessary and appropriate.