

Case Number:	CM14-0103834		
Date Assigned:	07/30/2014	Date of Injury:	04/27/2012
Decision Date:	09/18/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 53 year old male whose date of injury is 04/27/2012. The injured worker's company truck rolled over injuring the bilateral shoulders, neck and back. The injured worker completed 12 sessions of physical therapy in 2012. An additional 8 sessions were authorized on 06/25/14. Visit note dated 07/09/14 indicates that the injured worker has been recommended for surgical intervention of the left shoulder. On physical examination there is tenderness at the anterolateral corner of the acromion. There is a mild amount of tenderness at the bicipital groove. Left shoulder abduction is limited to 70 degrees. Impingement signs are positive. Diagnoses are cervicalgia, cervical disc degeneration, cervical disc displacement, cervical facet arthropathy, cervical radiculopathy, right shoulder supraspinatus tear, subacromial impingement bilateral, chronic pain secondary to trauma, and left shoulder labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to the Left Shoulder 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for additional physical therapy to the left shoulder 2 x 6 is not recommended as medically necessary. The submitted records indicate that the injured worker completed 12 sessions of physical therapy in 2012 and was authorized for an additional 8 sessions in June 2014. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There are no exceptional factors of delayed recovery documented to support exceeding this recommendation. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.