

Case Number:	CM14-0015543		
Date Assigned:	02/28/2014	Date of Injury:	02/22/2012
Decision Date:	07/03/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 Minnesota. 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 46 year old female who reported an injury on 02/22/2012 due to repetitive lifting. On 10/24/2013 the injured worker reported left shoulder pain rated at 5/10 and neck pain rated at 6/10 which decreased with medication and no activity along with intermittent middle and lower back pain. Physical examination of the left shoulder revealed flexion to 95 degrees, adduction to 25 degrees, abduction to 100 degrees, external rotation to 70 degrees, and internal rotation to 45 degrees. There was also mild to moderate tenderness on palpation around the lateral aspect of the glenohumeral joint and over the supraspinatus notch. An MRI of the left shoulder performed on 07/23/2013 revealed the coracoacromial ligament was frayed and inflamed, a type 3 acromion, the synovium of the sub acromial space was inflamed, the acromioclavicular joint was arthritic with spurs, and localized synovitis was noted. Diagnoses included cervical sprain/strain, cervical diskogenic syndrome with radiculitis, lumbar sprain/strain, lumbar diskogenic syndrome with radiculitis, myofascial pain, and depression. The injured worker was post left shoulder subacromial decompression, subacromial syovectomy, CA ligament resection and Mumford procedure, has used medications and attended physical therapy. Medications included Tylenol as needed. The treatment plan was for 12 physical therapy sessions to the left shoulder. The request for authorization form was included and signed on 10/08/2013. The provider's rationale for the request was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TIMES TWELVE (12) TO LEFT SHOULDER: Upheld

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

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

Decision rationale: The request for 12 sessions of physical therapy for the left shoulder is non-certified. Per California MTUS physical medicine guidelines, it is recommended that treatment frequency fade and injured workers participate in an active self-directed home physical medicine. The guidelines recommend 8-10 sessions over 4 weeks. The documentation provided shows the injured worker has attended numerous physical therapy sessions with little to no pain relief or improvement. The rationale for the requested 12 physical therapy sessions is not provided within the documentation. Within the provided documentation there is a lack of documentation indicating the injured worker has participated in a home exercise program. Additionally, the request for 12 sessions of physical therapy exceeds the guideline recommendations. Therefore, the request is not medically necessary.