

Case Number:	CM14-0015894		
Date Assigned:	06/04/2014	Date of Injury:	06/02/2011
Decision Date:	08/01/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/07/2014

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 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:

This is a 38-year-old female with a date of injury of 6/02/11. Mechanism of injury was a slip and fall on the left knee, twisting the right knee, falling to the ground, twisting the back and injuring the arm. The patient has had conservative care for the shoulder, including PT x 16 and cortisone injection x 3, according to the UR report. MRI was done on 1/07/14 and showed tendinopathy of the supraspinatus, but otherwise unremarkable MRI that was without RTC tear. On 1/20/14, the patient returned in follow-up with improving symptoms, full range of motion, normal RTC strength, but with positive impingement signs. There was no report of acute flare for this 2011 injury or recent new trauma. Additional PT was requested and submitted to Utilization Review. As additional PT would exceed guideline recommendations, additional PT was not recommended for certification the the UR physician advisor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, unknown frequency for a duration of 4-6 weeks for treatment of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Medicine Section.

Decision rationale: Guidelines recommend up to 10 sessions of PT for non-surgical care of this shoulder diagnosis. In this case, the patient has completed 16 sessions of PT and has had 3 cortisone injections. She has full ROM and normal rotator cuff strength. There is no report of new injury or acute flare at the time of request of additional PT. There is no clear indication for further skilled PT past guideline recommendations versus doing a HEP. In addition, the number of PT sessions requested is not specified. Medical necessity for Physical Therapy for another 4-6 week for an unspecified number of sessions is not established.