

Case Number:	CM14-0018348		
Date Assigned:	04/18/2014	Date of Injury:	11/02/2011
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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 Orthopedic Surgery, and is licensed to practice in 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 58 year old male who reported an injury on 11/02/2011. The mechanism of injury was not submitted. As per the clinical note dated 01/07/2014 the injured worker reported a sudden increase of pain to the left shoulder feeling "like a jolt". The injured worker reported pain rated 7/10 at office visit compared to 10/10 the prior day. The injured worker complained of tingling to the lateral arm. The injured worker previously had injections at the deltoid insertion which lasted one week. The injured worker had also been using the TENS unit in physical therapy and completed 4 sessions. The physical objective examination noted no atrophy, negative tinel's sign, full range of motion, and focal tenderness at the deltoid insertion. The injured worker underwent left shoulder arthroscopy on 05/15/2013. The injured worker had diagnoses including complete rupture of the rotator cuff, non-traumatic rupture of tendons of biceps and sprains and strains of unspecified site of shoulder and upper arm. The clinical note dated 08/29/2013 noted the injured worker reported constant pain as well as sharp pain from the elbow to the shoulder; the pain was noted to go from the elbow to the thumb only along the radius with increased pain and discomfort. The physical exam noted objective findings of pain radiating laterally to the arm from the deltoid portal without atrophy. The injured worker was prescribed Gabapentin and Tramadol for pain, and has completed four physical therapy sessions for rehabilitation after left shoulder arthroscopy on 08/15/2013. The request for authorization for physical therapy left deltoid was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LEFT DELTOID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 9 (SHOULDER COMPLAINTS),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION, SHOULDER, 201-205

Decision rationale: The request for physical therapy left deltoid is non-certified. The injured worker reported increased pain to the left shoulder. The injured worker was prescribed Gabapentin and tramadol to reduce the pain along with a TENS unit. The objective physical exam findings noted no atrophy negative tinel's and full range of motion. ACOEM states pain relief is often a injured worker's first concern. Nonprescription analgesics may provide sufficient pain relief for most patients with acute and sub-acute symptoms. The Official Disability Guidelines recommend allowing for fading of treatment frequency, from up to 3 visits per week to 1 or less. The guidelines recommend injured workers should participate in an active self-directed home exercise program. The guidelines recommend 10 sessions of physical over 8 weeks. The request did not specify the amount of visits requested. The requesting physician did not include an adequate and complete, full assessment within the provided documentation demonstrating significant functional deficits which would warrant the need for physical therapy. Therefore, the request for physical therapy for left deltoid is non-certified.