

Case Number:	CM14-0123089		
Date Assigned:	08/11/2014	Date of Injury:	03/14/2007
Decision Date:	10/09/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 48 year old female whose date of injury is 03/14/2007. After a thorough review of the medical records, the mechanism of injury was not described. Diagnoses are rotator cuff syndrome, left shoulder tendinitis, left glenohumeral joint arthritis, left shoulder labral tear, bilateral lateral epicondylitis and left bicipital tendinitis. She is status post right lateral collateral ligament reconstruction. Office visit note dated 07/03/14 indicates that the injured worker reports ongoing pain in her left shoulder. On physical examination of the left shoulder she can forward flex to 90, abduct to 70, externally rotate to 30 and internally rotate to 30 degrees. Impingement sign is positive. Adduction sign is positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of physical therapy 2 x 4 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 97,99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical therapy

Decision rationale: Based on the clinical information provided, the request for 8 sessions of physical therapy 2 x 4 for the left shoulder is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The number of physical therapy visits completed to date is not documented, and no objective measures of improvement were provided to establish efficacy of treatment and support additional sessions in accordance with the Official Disability Guidelines. Therefore, medical necessity of the requested physical therapy is not established.