

Case Number:	CM14-0145335		
Date Assigned:	09/12/2014	Date of Injury:	07/30/2013
Decision Date:	11/05/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/08/2014

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 Interventional Spine 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:

The patient is a 39-year-old female with date of injury of 07/30/2013. The listed diagnoses per [REDACTED] from 07/02/2014 are: 1. Persistent left shoulder pain 2. Status post previous arthroscopy with subacromial decompression, date not documented but estimated to be November 2013. History of left C6 radiculopathy, resolved according to recent nerve test. According to this report, the patient complains of a lot of pain at night. The patient is doing light work duty. She states that she tries to keep her elbow up against her side and limit her shoulder movement. There is no numbness or tingling reported. The examination shows the patient has good motion but is wincing especially with rotation. She has diffuse tenderness. The records include an MRI of the left shoulder from 01/28/2014, an MR arthrogram of the left shoulder from 02/26/2014 and a Bone Scan from 04/21/2014. The utilization review denied the request on 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy 2x4 for 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, chronic pain Page(s): 8, 98, 99.

Decision rationale: This patient presents with left shoulder pain. The patient is status post previous arthroscopy with subacromial decompression, date of which is unknown but estimated to be November 2013. The treating physician is requesting 8 physical therapy for the left shoulder. Outside post-surgical guidelines, MTUS page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating that the patient had extensive prior physical therapy that was completed, but there is no documentation showing specific objective functional improvement or progress made with that therapy. The 02/05/2014 report notes that the patient's pain is getting worse. Her neck feels stiff. She has burning pain down towards the elbow. The 05/14/2014 report notes that the patient received a shoulder subacromial injection which helped for about a week. The 07/02/2014 report notes that the patient is still in a lot of pain. She is doing light work duty and tries to keep her elbow against her side to limit shoulder movement. In this case, it appears that the patient has received and completed postsurgical physical therapy for the shoulder. However, the exact number of treatments was not documented. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. Functional improvement is defined in Labor Code 9792.20(e) as significant improvement in ADLs (activities of daily living), change in work status and reduced dependence on medication treatment. Such documentation was not provided and additional physical therapy sessions are not supported. The request is not medically necessary.