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| Case Number: | CM14-0153619 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 12/20/2012 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 08/30/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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 Emergency Medicine 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 injured worker is a 24-year-old male who reported an injury on 12/20/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included a left shoulder sprain/strain, labral tear left shoulder, left knee sprain/strain. The previous treatments included medication, physical therapy. The diagnostic testing included an MRI of the left shoulder, and EMG/NCV. In the clinical note dated 06/06/2014, it was reported the patient complained of persistent and increasing pain and stiffness to the left shoulder and clavicle. The patient complained of ongoing pain to his left knee. On the physical examination, the provider noted the left shoulder had tenderness to palpation over the proximal humerus region. Impingement testing was positive and drop arm testing is equivocal on the left. The range of motion of the left shoulder was limited to flexion of 94 degrees and extension of 16 degrees. The provider noted weakness to the left shoulder with flexion and abduction. The provider requested 12 sessions of physical therapy. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 Sessions 2x6 for Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99..

Decision rationale: The request for physical therapy, 12 sessions 2x6 for the left shoulder, is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The number of sessions the injured worker has undergone was not submitted for clinical review. Therefore, the request is not medically necessary.