

Case Number:	CM14-0155594		
Date Assigned:	09/26/2014	Date of Injury:	03/21/2014
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 41-year-old female with a reported date of injury on 03/21/2014. The mechanism of injury was not listed in the records. The injured worker's diagnosis included shoulder pain. The injured worker's past treatments included pain medication and 12 sessions of physical therapy. The injured worker's diagnostic testing included an MR arthrogram of the left shoulder. The results included no evidence of a labral tear, mild supraspinatus and infraspinatus tendinosis, and minimal proximal long head of the biceps tendinosis. There was no relevant surgical history documented in the notes. The subjective complaints on 08/08/2014 included left shoulder pain that is unchanged. The pain is described mild to moderate, dull, achy and limits certain activities of daily living. The physical examination noted the range of motion to be within normal limits; however, the impingement test shows mildly positive along with a mildly positive Neer's exam. The patient was negative for Speed's test and biceps resistance test was negative as well. The strength was also rated 5/5. The injured worker's medications included Parlodel 5 mg capsule, vitamin D and Zoloft. The treatment plan was to continue physical therapy. A request was received for physical therapy 3 times a week for 3 weeks for the left shoulder, quantity 9. The rationale for the request was not provided. The Request for Authorization form was not provided in the records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 3 weeks for the left shoulder QTY: 9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation ODG-TWC, shoulder procedure summary

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

Decision rationale: The request for physical therapy 3 times a week for 3 weeks to the left shoulder, quantity 9, is not medically necessary. The California MTUS Guidelines state up to 10 visits of physical therapy may be supported for unspecified myalgia and continued visits should be continued on documentation of objective improvement. The injured worker has chronic left shoulder pain. The notes indicate that the injured worker has already completed a course of 12 physical therapy sessions. Therapy notes were submitted; however, there was no clear adequate documentation of objective functional improvement from the previous 12 physical therapy visits. Additionally, there was no clear documented decreased range of motion or decreased motor strength in the notes. In the absence of functional deficits, objective improvement, and exceptional factors to warrant additional visits beyond the 10 recommended by the guidelines, the request is not supported. As such, the request is not medically necessary.