

Case Number:	CM14-0155626		
Date Assigned:	09/25/2014	Date of Injury:	02/02/2014
Decision Date:	11/10/2014	UR Denial Date:	08/23/2014
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 Internal Medicine and is licensed to practice in New York. 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 68 year old male with a date of injury of 02/02/2014. He picked up luggage from a conveyor belt and tossed the luggage. He then felt immediate left shoulder pain. X-ray revealed no fracture or acute injury. He was treated with Naproxen, Tramadol and Omeprazole. He did stretching, electrical stimulation and had chiropractic care. On 08/07/2014 he had left shoulder pain that was 5-6/10. He had limited range of motion with a catching in the movement. There was no numbness or tingling. Flexion was 130 degrees. Abduction was 160 degrees. External rotation was 50 degrees. Strength was 2/4. The diagnosis was arthritis, bursitis and rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 6wks Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical therapy.

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

Decision rationale: MTUS, Chronic Pain, Physical Medicine notes, "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 [REDACTED]): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 [REDACTED]) 8-10 visits over 4 weeks. "ODG, 2014 Shoulder - Physical therapy allows a maximum of 10 visits over 8 weeks for medical treatment of rotator cuff syndrome, impingement syndrome, sprained shoulder and superior glenoid labrum lesion. For arthritis the guideline has a maximum of 9 visits over 8 weeks. The requested 12 visits of physical therapy for a medical (non-surgical) treatment of a shoulder injury is not consistent with MTUS and ODG guidelines. The request is not medically necessary and appropriate.