

Case Number:	CM14-0021207		
Date Assigned:	05/05/2014	Date of Injury:	01/04/2010
Decision Date:	07/09/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 Pain Medicine and is licensed to practice in New York and 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 patient is a 53 year old with an injury date on 1/4/10. Based on the 1/8/14 progress report provided by [REDACTED] the diagnoses are status post prior capsular release for adhesive capsulitis and left shoulder trapezial strain. An exam on 1/8/14 showed "shoulder looks fairly good, some trapezial spasms but no dysfunction and tender over trapezial muscle. There is early scapulothoracic substitution but majority of motion is good. Elevation is 170; external rotation is 90, with arm abducted and 45 with arm adducted. Internal rotation is 70. Rotator cuff intact throughout." [REDACTED] is requesting physical therapy 2x per week for 6 weeks to the left shoulder/trapezius. The utilization review determination being challenged is dated 2/3/14. [REDACTED] is the requesting provider, and he provided treatment report from 1/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X PER WEEK FOR 6 WEEKS TO THE LEFT SHOULDER/TRAPEZIUS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

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

Decision rationale: This patient presents with ongoing pain of trapezial muscle referred to lateral aspect of shoulder, with most pain in neck area. The provider has asked physical therapy 2x per week for 6 weeks to the left shoulder/trapezius on 1/8/14. A review of the report shows no history of physical therapy and no surgeries. California MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the provider has asked for 12 sessions of physical therapy which exceeds California MTUS guidelines for this type of condition. The request is not medically necessary.