

Case Number:	CM14-0021905		
Date Assigned:	05/09/2014	Date of Injury:	07/11/2013
Decision Date:	07/10/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/21/2014

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 California, North Carolina, Colorado, and Kentucky. 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 59-year-old male who sustained an injury to his left shoulder due to his customary and usual duties using drills, jackhammers, shovels, welding equipment and other construction equipment. On 07/11/13, the injured worker slipped and fell on some dirt, falling directly onto the left side of his body including his neck, shoulder and arm. He was treated with physical therapy two times a week times six weeks that provided no benefit. MRI of the left shoulder was obtained and revealed a bone spur with a possible tear. Surgery was recommended, but denied four times. In November of 2013, the injured worker received acupuncture treatment at a frequency of two times a week followed by four months of light-duty. Physical examination of the bilateral shoulders revealed tenderness palpation over the subacromial regions, acromioclavicular joints, supraspinatus tendons and parascapular regions; impingement and cross arm tests positive bilaterally; range of motion flexion 150 left, extension 40 left, abduction 140 left, abduction 30 left, internal rotation 65 left, external rotation 75 left. The injured worker was recommended for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (X12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL THERAPY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Physical therapy.

Decision rationale: The ODG recommends up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency, from up to three visits per week to one or less, plus active self-directed home physical therapy. The records indicate that the injured worker has been treated with at least 12 visits of physical therapy and six visits of acupuncture therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the ODG recommendations either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy times 12 visits has not been established. The request for physical therapy times 12 visits is not medically necessary.