

Case Number:	CM14-0026681		
Date Assigned:	06/13/2014	Date of Injury:	01/10/2011
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 and is licensed to practice in Illinois. 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 reported that on 01/10/2011 he was lifting a 55 pound box and he had right shoulder pain for two days. X-rays on an unknown date were normal. Unknown medications and an arm sling were dispensed. He was referred to physical therapy for modified work duty. He attended physical therapy from 01/14/2011 through 01/28/2011. Acupuncture was performed from 01/24/2011 through 03/16/2011. The number of sessions for each of these modalities is not documented. On 02/02/2011 he received a cortisone injection in his right shoulder. On 04/27/2011 this worker complained of bilateral shoulder pain. On 05/25/2011 he underwent MRIs of both shoulders which showed degenerative changes and was diagnosed with bilateral shoulder impingements. There were no records found relating to any pharmacological intervention. There was no request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY 2XWK X 6WKS LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Procedure Summary, Physical Therapy.

Decision rationale: The request for post-op physical therapy 2x wk x 6 wks left shoulder is not medically necessary. The injured worker reported right shoulder pain after lifting a heavy box. He received physical therapy for 2 weeks and acupuncture for 7 weeks. He received a cortisone injection in his shoulder 3 weeks after the reported injury. California MTUS recommends passive therapy for short-term relief during the early phases of pain treatment to reduce inflammation and swelling. Active therapy is indicated for restoring flexibility, strength, endurance, function, and range of motion and to alleviate discomfort. Patients are expected to continue active therapies at home. ODG notes that significant results were found utilizing physical therapy for shoulder impingement syndrome but added that self-training may be as effective as physical therapist-supervised rehabilitation of the shoulder in post-surgical treatment of patients treated with arthroscopic sub acromial decompression. Conservative care including a home-based exercise program is recommended prior to considering surgery. In this worker's chart, there is no documentation relating any left shoulder involvement in the reported injury of 01/10/2011. There is also a dearth of recent data regarding any failed attempts of conservative care, including medications or a home-based exercise program. Although mention is made of a referral to be made for a surgical consult of his left shoulder, there is no report of the consult or of any surgery having been performed. Therefore, this request for post-op physical therapy 2x wk x 6 wks left shoulder is not medically necessary.