

Case Number:	CM14-0027729		
Date Assigned:	06/16/2014	Date of Injury:	10/31/2013
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/05/2014

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. 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 sustained a worker's comp injury to his left shoulder on 10/31/13. In an 11/13 an office visit the patient was diagnosed with a left shoulder strain and treated with Advil. The patient was seen by an orthopedist who recommended medical treatment. He had an MRI done on 2/6/14 which showed inflamed hypertrophic joint arthrosis, peritendinitis in relation to the supraspinatus and infraspinatus tendons but no rotator cuff tear or fractures. During this time he had 12 PT visits and was noted to be independent on a home exercise program on 2/6/14. The request for additional PT treatment was denied on 3/3/14. The last PR2 that was reviewed was on 6/12/14 and the patient was noted to have seen an orthopedist who did not recommend surgery. He was independent on a home exercise program, and that he was ready to go back to work. He was not on any meds and his M.D, recommended continued home exercises that were taught by his physical therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY #2 LEFT SHOULDER 3X4=12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Shoulder, PT Recommendations, page 1356.

Decision rationale: The section in AECOM states that the recommended medical treatment for soft tissue and non surgical treatment is passive range of motion at home with pendulum and wall crawl with the extremity and also strengthening and stabilization exercises. Optional treatments included heat or cold applications and a short course of PT. In the section in the ODG we note that PT treatment should be 1-3 visits a week with self directed home PT taught and that the treatments should be 10 over an 8 week course. In the above patient we note that he had already received 12 PT visits which exceeded the recommended 10 by ODG and we also note that the patient was independent on his home exercise program. The last PR2 confirms this and that the patient was noted to be off all pain meds, independent on his home exercise program, and ready to go back to work. Therefore, the request for physical therapy #2 left shoulder 3 x 4=12 is not medically necessary.