

Case Number:	CM14-0031637		
Date Assigned:	06/20/2014	Date of Injury:	09/20/2012
Decision Date:	07/18/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 injured worker is a 54 year old female who reported an injury on 09/26/2012 due to an unknown mechanism. The injured worker had arthroscopy surgery of the left shoulder on 08/30/2013. The injured worker was complaining of continued left shoulder pain. Physical examination on 05/06/2014 revealed complaints from the injured worker of on-going pain left shoulder with radiating pain to arm and hand also had numbness and tingling sensation in right hand and fingers. Abduction of left shoulder was to 160 degrees, rotations restricted internal rotation to 50 degrees, external rotation to 60 degrees, painful tender anterior aspect left shoulder. Diagnostic studies were not submitted for review. Medications being taken were not reported. Past treatment included home exercises, medications such as Anaprox, Tylenol #3, Zanaflex, Voltaren gel, Fentanyl patch also home shoulder pulley system with Theraband. The injured worker had physical therapy 2 X per for four weeks as reported on 11/19/2013. The diagnoses from visit on 11/19/2013 were left shoulder impingement syndrome, left shoulder subacromial bursitis with MRI findings left shoulder arthroscopic, left shoulder sprain/strain, status post left shoulder arthroscopic surgery. The treatment plan was for additional physical therapy 2 x per week for left shoulder quantity of eight visits. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 X PER WEEK FOR LEFT SHOULDER, QUANTITY 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for additional physical therapy 2 x per week for left shoulder quantity of eight visits is not medically necessary. The injured worker had arthroscopy surgery on 08/30/2013. She continues to experience pain in the left shoulder. The injured worker has a home exercise program consisting of shoulder pulley system with therrabands. Physical examination on 11/19/2013 stated the injured worker to continue with physical therapy twice a week for four weeks (8 visits). There is no report in this document from physical therapy of the clinical outcome or improvement from the sessions. The reports submitted for review were lacking information such as diagnoses, medications, functional status and clinical outcome. California Medical Treatment Guidelines Schedule states active therapy requires an internal effort by the individual to complete a specific exercise or task. The 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 allows 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks, reflex sympathetic dystrophy (CRPS) allows 24 visits over 16 weeks. The injured worker has had 8 visits with no report of clinical outcome. Therefore, the request is not medically necessary.