

Case Number:	CM14-0032481		
Date Assigned:	04/14/2014	Date of Injury:	02/20/2011
Decision Date:	05/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 is an employee of associated [REDACTED] and has submitted a claim for Impingement Syndrome of the shoulder associated with an industrial injury on February 20, 2011. Treatment to date includes oral analgesics and muscle relaxants, physical therapy, home exercise program and acupuncture. Medical records from 2013 to 2014 were reviewed and showed left neck and shoulder pain radiating to the upper extremity and trapezius area. Physical examination of the shoulders revealed normal range of motion without misalignment, atrophy, erythema, induration, warmth or swelling. The left shoulder was positive for impingement sign (Neer), arc of pain and greater tuberosity tenderness. There are no motor nor sensory deficit. The patient has been undergoing unspecified number of physical therapy and acupuncture sessions for the shoulder which helped reduce pain. The patient report compliance with her home exercise program, however she feels that the deep tissue massage and myofascial manipulation has been helpful the most. Utilization review dated January 31, 2014 denied request for 6 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIS PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

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

Decision rationale: According to the MTUS/ACOEM Guidelines, there is support for an initial course of physical therapy with objective functional deficits and functional goals. The Official Disability Guidelines (ODG) recommends 10 visits over 8 weeks for Impingement Syndrome. In this case, the patient have been receiving physical therapy sessions however total number of visits were not specified. It is not clear whether the patient would exceed the recommended number of physical therapy visit. Moreover, there is no documentation regarding specific objective and functional deficits in this patient that would necessitate physical therapy sessions. The request for six physical therapy visits is not medically necessary and appropriate.