

Case Number:	CM14-0039508		
Date Assigned:	06/27/2014	Date of Injury:	03/18/2011
Decision Date:	08/13/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/03/2014

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 Family Practice and is licensed to practice in New York. 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 51 year old woman with a date of injury of 3/18/11. She is status post left shoulder arthroplasty in 10/13 with distal claviclectomy and subacromial decompression. She had received 14 physical therapy visits as of 3/7/14 recertification aimed at improving active range of motion through strength and pain gains. By 3/26/14, she had received 20 physical therapy sessions. She was seen by her physician on 3/20/14 with complaints of left shoulder pain which was unchanged. The notes indicate that prior treatment, including therapy, has 'not really made a significant change in the symptoms. Her physical exam includes only vital signs and height/weight/BMI. Her diagnoses were left subacromial impingement syndrome, pain in joint/shoulder left, A/C joint osteoarthritis-primary left, right medial epicondylitis and brachial plexus lesions. At issue in this review is the request for additional physical therapy to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for left shoulder QTY: 16.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: In this injured worker, physical therapy has already been used for at least 20 treatments as a modality and a self-directed home exercise program should be in place. Therapy has also been noted to not have had a significant impact or facilitated improvement. The records do not support the medical necessity for 16 physical therapy visits in this individual with chronic left shoulder pain.