

Case Number:	CM14-0039520		
Date Assigned:	06/27/2014	Date of Injury:	12/15/2011
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 42 year old male baker whose date of injury is 12/15/11. According to Agreed Medical Examination report dated 02/12/14, the injured worker states that he was walking out of a freezer carrying a tray of baking supplies when he slipped on a wet floor and fell injuring his neck, mid and low back, right elbow, left knee, left shoulder and left wrist. The injured worker has been treated conservatively with medications, electroacupuncture, physical therapy, chiropractic treatment, and cortisone injections which helped. Magnetic resonance image of the left shoulder dated 05/17/13 revealed anterosuperior focal labral tear with 5mm paralabral cyst; mild distal supraspinatus insertional tendinopathy; small subcoracoid joint effusion. Examination of the left shoulder revealed limitation of motion with abduction to 120 degrees with moderate pain; forward flexion to 130 degrees with moderate pain; internal rotation to 70 with slight pain; external rotation full and painless at 90 degrees. Rotator cuff strength was good. Palpation of the acromioclavicular joint revealed enlargement and slight to moderate tenderness. There was moderate tenderness to palpation of the anterior acromion; slight tenderness of the biceps tendon; moderate tenderness of the anterior glenohumeral capsule; exquisite tenderness of the superior aspect of the anterior glenohumeral joint in the region of the biceps tendon anchor; modest tenderness over the greater tuberosity on the left side. Findings suggest a chronic pre-existing rotator cuff syndrome superimposed upon the acute trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week times 6 weeks (Qty 12) Left Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy.

Decision rationale: Official Disability Guidelines guidelines support up to 10 physical therapy visits for rotator cuff syndrome. The injured worker is noted to have had 6 initial physical therapy visits; however, the injured worker states that physical therapy initially did not help his left shoulder at all due to worsening pain. The injured worker was seen for an Agreed Medical Examination (AME) on 02/12/14. The AME specifically recommended that the injured worker be allowed 12 additional physical therapy visits directed towards the left shoulder. The AME doctor also recommended that provision be made for left shoulder arthroscopic debridement of the glenoid labrum with excision of the paralabral cyst. The additional therapy is indicated as medically necessary in an attempt to manage the injured worker's shoulder complaints and avoid surgical intervention. Based on the clinical information provided, medical necessity is established for physical therapy 2 times a week times 6 weeks (qty 12) left shoulder.