

Case Number:	CM14-0052371		
Date Assigned:	06/23/2014	Date of Injury:	08/30/2013
Decision Date:	07/24/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/19/2014

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, Pain Medicine and is licensed to practice in 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 52-year-old male who sustained an injury to his left shoulder on 08/30/13. The mechanism of injury was not documented. Plain radiographs of the left shoulder revealed no evidence of bony, joint space, or soft tissue abnormality; no fracture is observed. Physical examination of the left shoulder noted forward flexion 160 degrees and 160 degrees of abduction; the injured worker continues with some mildly positive impingement on 1 and 2 testing. It was reported that the injured worker did have a subacromial injection and did see a slight improvement in pain. The records indicate that the injured worker has completed 12 physical therapy visits to date that provided minimal benefit.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Physical therapy.

Decision rationale: Based on the medical records provided for review, the injured worker completed 12 physical therapy visits and has already exceeded the recommended 10 therapy visits for shoulder impingement, as per the referenced practice guidelines. The submitted review did not provide compelling indications that would justify the additional therapy treatments beyond the practice guideline recommendations. After reviewing the submitted clinical documentation, there was no additional significant objective information that would support exceeding the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy twice a week for six weeks for the left shoulder is not medically necessary and appropriate.