

Case Number:	CM14-0059421		
Date Assigned:	07/09/2014	Date of Injury:	04/04/2013
Decision Date:	09/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational Medicine 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:

This is a case of a 51 year-old male who has filed a claim for left shoulder pain, status post left shoulder arthroscopy associated with an injury date of 04/04/2013. Medical records from 2013 to 2014 were reviewed. Latest progress reports reveal that the patient still has some aches and stiffness with range of motion in his left shoulder. Lifting heavy objects causes discomfort in his left shoulder. He is currently not taking any medications for his pain. The following range of motion was elicited during physical examination of his left shoulder: flexion 165, extension 45, adduction 30, abduction 150, internal rotation 75, and external rotation 90 degrees. No other physical examination findings of the left shoulder and the right shoulder were documented in his latest progress report. Treatment to date has included left shoulder arthroscopy, medications, and physical therapy. Medications taken has included Naproxen, Prilosec, and Voltaren gel. He is currently not taking any medications for the left shoulder pain. Utilization review dated 04/09/14 denied the request for additional 8 sessions of physical therapy of the elbow because there is no objective physical problem that might require prolonged additional treatment with formal physical therapy. However, the request for this claim is for 8 additional physical therapy visits for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 physical therapy visits for the right shoulder: 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: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, there was no report on previous physical therapy of the right shoulder. Medical records submitted failed to provide subjective complaints or objective findings of the right shoulder that might require any management. The medical necessity cannot be established due to insufficient information. Therefore, the request for physical therapy additional 8 physical therapy visits for the right shoulder is not medically necessary.