

Case Number:	CM14-0073980		
Date Assigned:	07/16/2014	Date of Injury:	10/08/2013
Decision Date:	09/18/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/21/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 51 year-old individual was reportedly injured on 10/28/2013. The mechanism of injury is noted as a lifting injury. The most recent progress note dated 2/6/2014, indicates that there are ongoing complaints of bilateral shoulder pain. The physical examination demonstrated that the right shoulder has full range of motion, no tenderness to palpation, and negative impingement sign. The left shoulder has limited range of motion with positive impingement sign and no instability. There was positive tenderness to palpation anterior glenohumeral joint line, and acromion. Muscle strength 4/5. There was also tenderness at the anterior edge of the acromion and palpable subacromial crepitus. There's a painful arc of motion from 80-130 degrees of flexion. The diagnostic imaging studies include an MRI of the left shoulder dated 2/12/2014, which reveals tendinosis of the supraspinatus and subscapularis tendons, and fluid and subacromial/sub deltoid bursa. Previous treatment includes physical therapy #6 visits, injections, medications, and conservative treatment. A request had been made for physical therapy of the left shoulder 2 times a week for 3 weeks #6 and was not certified in the pre-authorization process on 4/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for three weeks left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s) : 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder. (Acute and Chronic) Physical Therapy. Updated 8/27/2014.

Decision rationale: The Official Disability Guidelines (ODG) state that patients with rotator cuff syndrome or impingement syndrome are authorized 10 visits of physical therapy over in a week timeframe. After reviewing the medical records provided, it was noted that the patient has already attended #6 sessions of physical therapy; therefore, the current request of an additional 6 visits of physical therapy exceeds guideline recommendations. Without documentation from the treating physician stating the necessity of additional visits, this request is deemed to not medically necessary.