

Case Number:	CM14-0089573		
Date Assigned:	07/23/2014	Date of Injury:	09/01/2013
Decision Date:	08/27/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation 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:

The injured worker is a 38-year-old female who reported an injury on 09/01/2013. The mechanism of injury was not provided in the medical records. She is diagnosed with left shoulder rotator cuff tendinitis. Her past treatments have included medication, analgesic injection, and 24 visits of physical therapy for the left shoulder. On 02/27/2014, the injured worker presented with complaints of pain in the bilateral shoulders, cervical spine, and thoracic spine. It was noted that she reported the pain in her left shoulder was not as bad as her right shoulder, which she rated at 8/10. The physical examination revealed normal motor strength at 5/5 in an unspecified area and decreased range of motion in the right shoulder by about 30%. However, range of motion of the left shoulder was not noted. Her medications included Norco 10/325 mg. The treatment plan was noted to include physical therapy for right shoulder mobilization and neck rehabilitation. A request was recommended for continued physical therapy of the left shoulder. However, a rationale for this request and the Request for Authorization form were not provided in the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy Left Shoulder 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to the California MTUS Guidelines, up to 10 visits of physical therapy may be supported in the treatment of unspecified myalgia and myositis to promote functional gains. The clinical information submitted for review indicated that the injured worker had pain in the left shoulder, which was not as severe as the pain in her right shoulder. In addition, she was noted to have range of motion deficits in the right shoulder. However, the clinical information failed to indicate that she had objective functional deficits related to the left shoulder. Further, documentation indicated that she had previously completed 24 sessions of physical therapy. However, documentation was not provided indicating evidence of objective functional gains made with that physical therapy of exceptional factors to warrant additional physical therapy beyond the guideline's recommendation. For the above reasons, the request is not medically necessary.