

Case Number:	CM14-0092516		
Date Assigned:	07/25/2014	Date of Injury:	02/14/2012
Decision Date:	08/28/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 45 year old male who sustained an injury to his left shoulder on 02/14/12. The treatment to date has included at least thirty visits of physical therapy, injections, medications, and home exercise program. The mechanism of injury was not documented. The clinical note dated 05/07/14 noted that the injured worker continued to complain of left shoulder and low back pain. Physical examination noted positive impingement sign; lumbar pain with forward flexion; scar over the left supraorbital from laceration. The injured worker was diagnosed with rotator cuff disorder, lumbar radiculopathy, and left supraorbital laceration.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of continued Physical Therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 chapter, Physical therapy.

Decision rationale: The previous request for physical therapy was denied on the basis that there was documentation of at least thirty physical therapy visits completed to date which exceeds the current guidelines. There was no mention that a surgical procedure has been performed. The Official Disability Guidelines recommend up to 10 visits over 8 weeks per the diagnosed injury with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support exceeding the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for 12 sessions of continued physical therapy for the left shoulder is not indicated as medically necessary.