

Case Number:	CM13-0008395		
Date Assigned:	11/20/2013	Date of Injury:	02/18/2013
Decision Date:	01/14/2015	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/06/2013

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:

Injured worker is a male with date of injury 2/18/2013. Per physician progress report dated 6/7/2013, the injured worker continues to complain of pain and stiffness in the left shoulder. Examination of the left upper extremity reveals passive forward flexion of the left shoulder to 110 degrees with external rotation of 10 degrees. The distal neurological and vascular evaluation of the left upper extremity is intact. MRI scan of the left shoulder demonstrates the presence of small tears within the superior, anterior, and posterior labrum, but no evidence of rotator cuff tearing. Diagnoses include 1) left shoulder strain with impingement 2) left shoulder adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times a week times 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy Guidelines

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The requesting physician explains that the injured worker received a shoulder injection, and 12 sessions of physical therapy following the injection are recommended. There is no discussion of a home exercise program. There is no discussion of the amount of physical therapy received previously. The amount of physical therapy exceeds the recommendations of the MTUS Guidelines, and the claims administrator modified to request to certify 10 sessions of physical therapy instead of 12. The request for ADDITIONAL PHYSICAL THERAPY 3 TIMES A WEEK TIMES 4 WEEKS is determined to not be medically necessary.