

Case Number:	CM14-0133136		
Date Assigned:	09/19/2014	Date of Injury:	09/02/2006
Decision Date:	03/19/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 67 year old female, who sustained an industrial injury on 09/02/2006. She has reported subsequent pain in the left shoulder and was diagnosed with subacromial bursitis of the left shoulder. Treatment to date has included oral and topical pain medication, home exercise, corticosteroid injection and application of ice. In a progress note dated 07/11/2014, the injured worker continued to complain of 5/10 pain in the left shoulder and neck but reported that there was some relief from a steroid injection. Objective examination findings of the left shoulder were notable for mild tenderness to palpation over the acromioclavicular joint, subacromial bursa and long head of the biceps tendon, discomfort with internal rotation of the left shoulder and decreased range of motion in the left upper extremity. The physician requested authorization for physical therapy twice a week for three weeks. On 08/06/2014, Utilization Review non-certified a request for 6 physical therapy for the left shoulder, 2 times a week for 3 weeks, noting that there was no documentation that the documented physical examination findings were acute findings and there was no documentation of an exacerbation. ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy for the Left Shoulder, 2 times a week for 3 weeks, as an Outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <http://www.acoempracguides.org/Shoulder>; Table 2, Summary of Recommendations, Shoulder Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195 - 220.

Decision rationale: The injury to the left shoulder was on 09/02/2006. She has previously been treated with physical therapy and had been instructed in a home exercise program. There is no documentation of a new injury to the left shoulder or an exacerbation. ACOEM, Chapter 9 Shoulder Complaints notes that the main purpose of physical therapy is for instruction in a home exercise program which has already been done. At this point in time relative to the injury over 8 years ago, there is no objective documented superiority of continued formal physical therapy over a home exercise program and further physical therapy is not medically necessary at this point in time.