

Case Number:	CM14-0183147		
Date Assigned:	11/13/2014	Date of Injury:	07/03/2013
Decision Date:	01/02/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Pain 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:

The injured worker is a 25 year old male with a date of injury of July 3, 2013. Results of the injury included left shoulder pain. Diagnosis include status post MVA in 2007 with left shoulder RCR, left humeral and left ulnar fractured and left clavicle and left hand laceration with surgery ORIF, left shoulder SIS, and sleep disturbance because of anxiety. Treatment modalities include Naprosyn, Omeprazole, Physical Therapy two times a week for four weeks, and further care and monitoring. X-ray of the left shoulder dated May 15, 2014 showed narrowed subacromial space, 5 mm left shoulder. Magnetic resonance imaging scan of the left shoulder dated August 19, 2013 showed postsurgical changes in the left shoulder with surgical anchors in the neck and tuberosity of numerous and 15 mm area of subchondral cystic change. Lateral down-sloping of the acromion. No evidence of rotator cuff or labral tear. Recent progress report dated September 29, 2014 indicated left shoulder pain at a seven on a scale from one to ten. Symptoms were worse with activity. Treatment plan was to continue with Naprosyn, Omeprazole, Physical Therapy, and remain on modified work restrictions. Utilization review form dated October 20, 2014 noncertified additional Physical Therapy 2 x 4 left shoulder due to lack of documentation supporting functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy.

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

Decision rationale: In the case of this request for physical therapy, the submitted documentation did not include a comprehensive summary of prior physical therapy directed at the industrial injury, or evidence of improved functional outcome of prior therapy. The California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises. Future therapy may be warranted if the patient has not had a full course of therapy and/or if prior therapy had resulted in functional improvement. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. In the case of injured worker, the total number of sessions of formal PT is unclear as there is documentation of visit "#7" in physical therapy notes from 7/1/2014 and 10/7/2014. No functional improvement has been documented in terms of reduction of work restrictions. The worker is noted to on modified duty with no lifting greater than 15 lbs in progress notes from 5/15/14 and 9/29/14. Therefore additional physical therapy as originally requested is not medically necessary.