

Case Number:	CM14-0187649		
Date Assigned:	11/18/2014	Date of Injury:	03/26/2013
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 (IW) is a 54 year old male who sustained an industrial injury to the left shoulder on 03/26/13 when he fell approximately 6 feet onto a retaining wall. He is s/p prior left shoulder rotator cuff repair in 2006. 08/05/14 initial orthopedic consultation note stated that claimant had completed 10 previous physical therapy sessions which provided relief. 08/29/14 left shoulder MRI revealed postsurgical changes without evidence of recurrent rotator cuff tear. The most recent available office note from 10/28/14 documented complaints of sharp intermittent left shoulder pain and weakness. IW was working at regular duty. Physical exam revealed limited range of motion with weakness and pain with external rotation and forward elevation. Clinical findings were essentially unchanged compared to previous office notes. Physical therapy was requested and treating physician stated that additional surgery was not anticipated. The orthopedic provider requesting this service provided a copy of a non-surgical shoulder impingement protocol which included 16 weeks of physical therapy. The current request is for 6 weeks/12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X6wks Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical therapy

Decision rationale: Greater than 1.5 years have elapsed since date of injury and symptoms are now chronic. IW has completed 10 previous physical therapy sessions. Based upon the amount of previous therapy it is assumed a home exercise program is in place. Per office notes, IW has returned to regular duty. MTUS Chronic Pain Medical Treatment Guidelines recommends up to 10 PT sessions for myalgia/myositis, and is silent concerning therapy for shoulder strain or impingement. ODG Shoulder Chapter recommends up to 10 PT visits for rotator cuff syndrome or impingement. Based upon the available documentation, medical necessity is not established for additional skilled therapy sessions beyond evidence-based recommendations.