

Case Number:	CM14-0206110		
Date Assigned:	12/18/2014	Date of Injury:	08/16/2011
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 54 year old female packer with a date of injury of 08/16/2011. She had cumulative trauma to her neck and left shoulder. She had left shoulder physical therapy at [REDACTED] in 2011. On 10/18/2011 a left shoulder MRI was normal. On 12/12/2011 an EMG/NCS was negative for cervical radiculopathy. A year to 14 months after the injury she again had physical therapy for her left shoulder (in an office). She then had a new primary care physician and had more physical therapy for her left shoulder. On 03/14/2014 a MRI of the left shoulder revealed tendonitis, bursitis and moderate acromioclavicular degenerative changes. On 08/01/2014 it was noted that she had a left shoulder strain without impingement, lumbar strain without radiculopathy and a cervical strain without radiculopathy. Motor, sensory and reflex examinations were normal. She was not using any medication at that time. On 10/01/2014 she had moderate left shoulder pain with a burning sensation. The left shoulder range of motion was decreased. There was no sign of impingement. On 10/29/2014 she had moderate left shoulder pain. Rotator cuff weakness was noted. She had decreased left shoulder range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 weeks for the left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, Shoulder, Physical therapy

Decision rationale: The patient has completed multiple courses of physical therapy for her left shoulder without any documentation of benefit. MTUS is silent on the maximum amount of physical therapy visits allowed for shoulder injuries. However, ODG 2014 notes the following maximum number of allowed physical therapy visits for shoulder injuries: For rotator cuff syndrome and impingement and for shoulder sprain - Medical treatment: 10 visits over 8 weeks. For shoulder arthritis there is a maximum of 9 visits. The patient has already exceeded the maximum allowed number of physical therapy visits for her left shoulder without any documented benefit. Continued physical therapy is not consistent with ODG. Also, by this point in time relative to the injury she should have been transitioned to a home exercise program and there is no objective documentation that continued formal physical therapy is superior to a home exercise program at his point in time relative to the injury. Therefore, the request is not medically necessary.