

Case Number:	CM14-0063435		
Date Assigned:	07/11/2014	Date of Injury:	02/24/2008
Decision Date:	02/28/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/06/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old female who was hit by a car and sustained injuries to her left shoulder, left knee and neck on February 24, 2008. She was diagnosed with left cervical radiculopathy, left rotator cuff tear and left meniscus tear. The injured worker underwent an arthroscopic meniscectomy (no date documented). According to the primary treating physician's progress report on April 28, 2014 the patient continues to experience neck and left shoulder pain with positive impingement signs. The left knee was tender to palpation over the left medial joint line and swelling was present over the lateral knee with slight medial laxity and mildly positive Lachman. Clicking was noted in the left knee with McMurray's. According to the report the injured worker has had 8 sessions of physical therapy to the shoulder and is currently on Lidoderm 5% patches and mentherm. The injured worker was fitted for an M-Brace for the knee. Work status was not documented. The physician requested authorization for Physical Therapy x 6 sessions, left shoulder. On April 10, 2014 the Utilization Review modified the request for Physical Therapy x 6 sessions, left shoulder to Physical Therapy x2 session to update a home exercise program. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Physical Medicine Guidelines and the Official Disability Guidelines (ODG) Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 Sessions Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Physical Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Shoulder; Physical Therapy, Partial tear rotator cuff.

Decision rationale: MTUS Guidelines support physical therapy for the shoulder, but MTUS does not provide adequate detail regarding a reasonable amount of therapy for a specific diagnosis. ODG Guidelines provide the necessary details and supports up to 20 sessions of physical therapy for a partial rotator cuff tear which this individual has. She has completed 8 sessions of physical therapy and the requested additional 6 sessions is well within Guideline recommendations as reasonable treatment. The request for an additional physical therapy 6 sessions for the shoulder if medically necessary.