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| Case Number: | CM15-0001042 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 11/08/2006 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 58 year old male who sustained an industrial injury on November 8, 2006. The injured worker reported left shoulder pain secondary to repetitive overhead lifting. Diagnoses include left shoulder impingement syndrome, left labral tear and left rotator cuff tendinitis. Treatment to date has included pain medications, an MRI of the left shoulder, a left shoulder arthroscopic debridement and rotator cuff repair on January 8, 2011 and post-operative physical therapy. MRI of the left shoulder performed on November 21, 2014 revealed diffuse rotator cuff tendinosis, posterior superior labral degenerative tear and moderate acromioclavicular arthrosis. The current documentation dated December 11, 2014 notes that the injured worker continued to experience left shoulder pain. The pain was noted to be increased with above the shoulder activities. Physical examination of the left shoulder revealed forward flexion to be 170 degrees and external rotation to be 50 degrees. He had a negative external lag test. A Neer's test and empty can test for impingement were positive. On January 5, 2015 the injured worker submitted an application for IMR for review of physical therapy visits for the left shoulder # 12. On December 23, 2014 Utilization Review evaluated and non-certified the request for the 12 physical therapy visits for the left shoulder. The MTUS and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

Decision rationale: Based on guidelines physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement. There should be a home exercise program. Based on the medical records there is no documentation that the patient has had improvement with previous physical therapy or if there is a home exercise program and thus not medically necessary.