

Case Number:	CM15-0003635		
Date Assigned:	01/14/2015	Date of Injury:	05/01/2012
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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: Arizona, 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 67 year old male suffered an industrial injury on 5/1/12 with subsequent ongoing left shoulder pain. Treatment included physical therapy, electrical stimulation and medication. Magnetic resonance imaging of the left shoulder (12/17/14) showed mild acromial arthrosis, mild capsulitis, a ruptured biceps and a recurrent tear of the rotator cuff. In a PR-2 dated 12/1/14, the injured worker complained of unchanged left shoulder pain and numbness to the fingers after completing four sessions of physical therapy. X-rays of the left shoulder and humerus showed mild spurring off the acromion. No physical exam was submitted for review. The current diagnoses included rotator cuff sprain and pain in shoulder joint. The treatment plan included physical therapy two times a week for 6 weeks and continuing medications (Orphenadrine/Caffeine, Gabapentin, Omeprazole, Flurbiprofen and Keratek Gel). The physician noted that the injured worker previously had good results with prior physical therapy sessions. A progress note on 11/24/14 indicated the claimant had completed 12 sessions of prior shoulder physical therapy but still had limited range of motion. On 12/16/14, Utilization Review noncertified a request for physical therapy 2 x 6, left shoulder noting lack of objective improvement from previous physical therapy and CA MTUS guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) 24 visits over 16 weeksAccording to the ODG guidelines, up to 18 sessions can be provided for capsulitis. In this case, there is no indication, that the claimant cannot perform home exercises. In addition, the additional 12 sessions requested would exceed the guidelines number of sessions recommended for physical therapy of the shoulder. As a result, the request is not medically necessary.