

Case Number:	CM15-0007941		
Date Assigned:	01/23/2015	Date of Injury:	10/31/2013
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/14/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 60-year-old male who reported an injury on 10/31/2013 due to a trip and fall. On 09/23/2014, he presented for an evaluation. He reported moderate shoulder pain that radiated into the back and had associated symptoms of clicking, locking, popping, stiffness, stabbing pain, and weakness. He rated his pain at an 8/10 and noted the symptoms to be constant. His medications included tramadol, and pain management included ice packs and taking pain medications. He was also given instructions to do a home exercise program, and was noted to have been going to physical therapy 2 times per week. A physical examination of the left shoulder showed a well healed incision with range of motion at 100 degrees and abduction at 90 degrees. His surgical history was significant for a recent shoulder surgery on 05/28/2014. He was diagnosed with left shoulder pain, muscle atrophy, and loss of motion of the left shoulder. The treatment plan was for physical therapy for the left shoulder 2 times a week for 6 weeks, 12 visits. A request was made for physical therapy for the left shoulder 2 times a week for 6 weeks, 12 visits. The rationale for treatment was to address the injured worker's remaining deficits and pain.

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 2 times a week for 6 weeks (12 visits): Upheld

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

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

Decision rationale: While it was noted that the injured worker had undergone physical therapy, the Postsurgical Physical Rehabilitation Treatment parameter has passed. Therefore, chronic pain management guidelines are being used. The CA MTUS Guidelines indicate that physical therapy for myalgia and myositis unspecified is recommended for 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. Per the documentation provided, the injured worker was noted to be symptomatic regarding the left shoulder. However, the number of sessions being requested exceeds guideline recommendations. There were no exceptional factors noted to support exceeding the guidelines, and therefore the request would not be supported. In addition, documentation regarding the injured worker's response to prior postoperative therapy was not documented. Without evidence that he had a satisfactory response to prior treatment with therapy, additional sessions would not be supported. As such, the request is not medically necessary.