

Case Number:	CM15-0007965		
Date Assigned:	01/23/2015	Date of Injury:	05/19/2014
Decision Date:	03/18/2015	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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 48 year old male, who sustained an industrial injury on May 19, 2014. He has reported continued stiffness of the left shoulder, cervical pain and low back pain and was diagnosed with strain of the left shoulder, low back and neck and left shoulder adhesive capsulitis. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy and pain medications. Currently, the IW complains of continued stiffness and pain of the left shoulder making it difficult to draw his gun, cervical pain and low back pain. The IW sustained an industrial injury as a police officer in 2014. Since that date he completed physical therapy. On December 4, 2014, he returned to the clinic with complaints of stiffness in the left shoulder and not being able to draw his gun appropriately. It was noted during this evaluation previous physical therapy improved his condition although no specific objective data to support the improvement with physical therapy was noted. Twelve more sessions were requested. On December 18, 2014, Utilization Review non-certified a request for 12 sessions of Physical Therapy for the left shoulder (2x 6weeks), noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of requested 12 sessions of Physical Therapy for the left shoulder (2x 6weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy for the left shoulder (2x 6weeks): Upheld

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

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

Decision rationale: The patient presents with reduced range of motion in his left shoulder making it difficult for him to draw his weapon, no pain or other subjective complaints are provided. The patient's date of injury is 05/19/14. Patient is status post 24 sessions of physical therapy, has no surgical history directed at this complaint. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT SHOULDER (2X6 WEEKS). The RFA is dated 12/04/14. Physical examination dated 12/04/14 revealed reduced range of motion to the left shoulder, especially on external rotation and 50 degree range of motion on flexion compared with 60 degrees on the right. The patient's current medication regimen was not provided. Diagnostic imaging included NCV of the upper extremities performed 10/07/14, significant findings include: "Entrapment neuropathy of the ulnar nerve across the left elbow with mild slowing of nerve conduction velocity." Report contains otherwise normal findings. Patient is currently working full duty. Regarding physical therapy for chronic pain, MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In regards to the requested 12 additional sessions on top of the 24 sessions already completed, the treater has not provided adequate documentation of functional improvement other than patient's return to work. No physical therapy notes were included with the reports provided, therefore it is impossible to review such records to establish progressive functional benefit. Progress note dated 12/04/14 states: "Left adhesive capsulitis improved, but no improvement since last visit". No other documentation of functional improvement is made. No rationale is provided as to why this patient is unable to transition to a home-based physical therapy routine and there are no reports of re-injury, flare ups, or surgeries which would warrant additional supervised therapy. Therefore, this request IS NOT medically necessary.