

Case Number:	CM15-0142805		
Date Assigned:	08/03/2015	Date of Injury:	02/04/2015
Decision Date:	09/01/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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, 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 male, who sustained an industrial injury on 2-04-2015. Diagnoses include Buford complex left shoulder and tendinosis left biceps. Treatment to date has included diagnostics, prior physical therapy, work restrictions, home exercise and medications including Norco. Per the Orthopedic Reevaluation dated 6-08-2015, the injured worker reported continuation of pain and problems with the left shoulder. His shoulder continues to pop and snap, and feel weak. Physical examination of the left shoulder revealed pain noted at the front of the shoulder. Upon range of motion testing, there was clicking and pain with forward flexion. Forward flexion was 180 degrees, abduction 180 degrees, external rotation 90 degrees, internal rotation 60 degrees and extension 30 degrees. The plan of care included surgical intervention. Authorization was requested for 9 physical therapy visits for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 physical therapy visits for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines
(ODG) Shoulder Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.