

Case Number:	CM15-0145318		
Date Assigned:	08/06/2015	Date of Injury:	08/26/2014
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

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:

This is a 59 year old female with an August 26, 2014 date of injury. A progress note dated July 7, 2015 documents subjective complaints (severe left shoulder pain), objective findings (weakness), and current diagnoses (left shoulder impingement syndrome; adhesive capsulitis left shoulder; rule out rotator cuff tear left shoulder). Treatments to date have included magnetic resonance imaging of the left shoulder (July 1, 2015; showed mild to moderate acromioclavicular joint osteoarthritis, mild supraspinatus tendinopathy, probable degenerative tearing throughout the superior aspect of the glenoid labrum, mild glenohumeral joint osteoarthritis), physical therapy for the left shoulder, and medications. The treating physician documented a plan of care that included physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 4wks left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for left shoulder pain. When seen in June 2015 physical examination findings included decreased left shoulder range of motion with acromioclavicular joint tenderness and crepitus. There was muscle atrophy. Impingement and apprehension testing was positive. She was referred for physical therapy. When seen in follow-up, she had completed five therapy treatment sessions. She was having severe left shoulder pain. Imaging results were reviewed. Arthroscopic surgery was being planned. Celebrex was prescribed and authorization for additional physical therapy was requested. Guidelines recommend up to 10 therapy treatment sessions over 8 weeks for the medical treatment of rotator cuff impingement syndrome. In this case, the number of additional treatments being requested is in excess of the guideline recommendation or what might be expected to finalize a home exercise program. The additional therapy requested was not medically necessary.