

Case Number:	CM15-0167110		
Date Assigned:	09/04/2015	Date of Injury:	07/07/2008
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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, Hawaii

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 is a 40-year-old male, who sustained an industrial injury on July 7, 2008. He reported left shoulder pain. Treatment to date has included MRI, x-rays, medications, surgery, physical therapy and steroid injections. Currently, the injured worker complains of left shoulder pain accompanied with numbness and tingling. The injured worker is currently diagnosed with shoulder joint pain, long head bicep tendonitis and a SLAP lesion. His work status is temporary total disability. A note dated January 8, 2015 states the injured worker experienced four to five days of pain relief from the shoulder steroid injection. A progress noted dated July 30, 2015 states the injured worker did not experience efficacy from surgical intervention. Physical therapy for the left shoulder (two times a week for six weeks) is requested to decrease pain, improve range of motion and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Physical Therapy Two (2) times per week for six (6) weeks QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Left Shoulder Physical Therapy Two (2) times per week for six (6) weeks QTY: 12. The treating physician report dated 8/6/15 (20B) states, "At this time I would declare him permanent and stationary regarding his left shoulder with future medical regarding his left shoulder." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received 15 sessions of prior physical therapy. The patient is status post left shoulder arthroscopy on 4/25/2013 and is no longer within the post-surgical treatment period as outlined by the MTUS-PSTG. In this case, the patient has received at least 15 sessions of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.