

Case Number:	CM15-0184504		
Date Assigned:	09/25/2015	Date of Injury:	11/27/2012
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial injury on 11-27-12. Diagnoses are noted as chronic left shoulder pain, chronic left knee pain, and ringing in the ear from long term Motrin use. Previous treatment includes acupuncture and medication. It is noted that the MRI of the left shoulder done 2-18-13 showed moderate acromioclavicular joint degenerative changes, labrum degeneration and supraspinatus tendinosis. In a progress report dated 8-10-15, the physician notes complaint of left shoulder pain. Pain is rated at 9 out of 10 and at 5 out of 10 with medication which allows him to move around and function throughout the day. Current medication is Ultracet 37.5-325mg 1 to 2 a day. Objective findings of the left shoulder are abduction is to 90 degrees, flexion is about the same, and there is pain with external rotation and pain with reaching across the body with his left arm. A 6-10-15 progress report notes he does have impingement sign with the left shoulder Neer's test. Work status is that he is retired. The treatment plan is Ultracet for pain control and physical therapy 6 sessions for the left shoulder. It is noted it has been 3 months since he was authorized for physical therapy, but it was not successfully scheduled so he has not had physical therapy yet and the authorization has since expired. A request for authorization is dated 8-14-15. The requested treatment of left shoulder physical therapy quantity of 6 was modified to approve left shoulder physical therapy quantity of 4 on 8-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder physical therapy #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, physical therapy is indicated for up to 8 -10 sessions for most musculoskeletal disorders. In this case, the claimant has undergone shoulder surgery in 2013 and undergone an unknown amount of therapy. There is no indication that the claimant cannot complete exercises at home. The request for additional physical therapy for the shoulder is not medically necessary.