

Case Number:	CM15-0195141		
Date Assigned:	10/08/2015	Date of Injury:	09/12/2013
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: Preventive Medicine, Occupational Medicine

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 51 year old male who sustained an industrial injury on 9-12-13. Diagnoses are cervical spine sprain-strain with multilevel disc protrusion, right shoulder rotator cuff tear- status post arthroscopic surgery 3-31-15, thoracic spine sprain-strain, left shoulder sprain-strain- supraspinatus impingement syndrome, and right knee-moderate thinning cartilage; possible ganglion cyst. In a progress report dated 7-27-15, the physician notes complaint of left shoulder pain rated at 3-4 out of 10. Medications are reported to be helpful; he is able to proceed with physical therapy and activities of daily living. Medications are Ranitidine, Naproxen, and Norco. Work status is temporary total disability for 6 weeks. Previous treatment includes exercise, medication, and psychiatric consultation. On 9-14-15, the requested treatment of physical therapy 3 times a week for 6 weeks-left shoulder was modified to certify physical therapy 2 times a week for 2 weeks-left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks of the left shoulder: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has already completed 6 physical therapy sessions for the left shoulder. The guidelines recommend 9-10 sessions, therefore, this request for 18 additional sessions, exceeds the recommendations of the guidelines. The request for physical therapy 3 times a week for 6 weeks of the left shoulder is not medically necessary.