

Case Number:	CM15-0028994		
Date Assigned:	02/23/2015	Date of Injury:	05/16/2012
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 52-year-old female, who sustained an industrial injury on May 16, 2012. She reported catching her left foot under a shopping cart, falling against a partition that struck her left arm and left shoulder before falling on the floor on her buttocks, with immediate left wrist pain. The injured worker was diagnosed as having left wrist contusion, left elbow contusion, left shoulder strain, left wrist triangular fibrocartilage complex injury, and rule out rotator cuff tear of the left shoulder . Treatment to date has included left shoulder MRI, 8 sessions of physical therapy, cortisone injection in the left shoulder, acupuncture, and medication. Currently, the injured worker complains of persistent left shoulder pain, with pain up to the neck, and pain down in the wrists over the ulnar aspect. The Treating Physician's report dated January 23, 2015, noted the left wrist flexion-extension 70/60, with pain over the triangular fibrocartilage complex. Mild weakness and pain was noted with supraspinatus testing. AMRI of the left shoulder dated July 28, 2014, was noted to show a low-grade partial tear of the rotator cuff, tenderness of the intraarticular portion of the biceps, and degeneration of the superior labrum. X-ray of the left shoulder showed a moderate anterior acromial spur. X-rays of the left AC joint showed marginal spurring with cyst formation, and X-rays of the left scapula showed a type 2 acromion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for multiple physical therapy sessions, which is consistent with MTUS and ODG guidelines for initial "trial" of treatment. Additionally sessions may be warranted based on the progress during the initial treatment sessions. Progress notes state that she has made minimal progress of the patient's shoulder or response to physical therapy as it pertains to his request. As such, the request for Physical therapy 8 sessions for the left shoulder is not medically necessary.