

Case Number:	CM15-0035718		
Date Assigned:	03/04/2015	Date of Injury:	12/13/2012
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 30-year-old male, who sustained an industrial injury on December 13, 2012. The diagnoses have included biceps tendinitis. Treatment to date has included physical therapy, arthroscopic left shoulder surgery September 2013, and medication. Currently, the injured worker complains of soreness in the left shoulder, left shoulder with pain and weakness, and arm pain. The Treating Physician's report dated January 19, 2015, noted examination of the left shoulder revealed no palpable swelling, no erythema, no tenderness, with full range of motion (ROM) and normal strength and tone. On January 27, 2015, Utilization Review non-certified physical therapy three times a week for four weeks for the left shoulder, noting that the injured worker had already underwent 24 sessions of postoperative physical therapy and that based on the medical records provided the medical necessity had not been established. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of physical therapy three times a week for four weeks 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 3x4 left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 30-year-old patient complains of intermittent pain, soreness and weakness in the left shoulder along with moderate arm pain and left elbow that feels like tendonitis, as per progress report dated 01/19/15. The request is for PHYSICAL THERAPY 3 X 4 LEFT SHOULDER. There is no RFA for this case, and the patient's date of injury is 12/13/12. The patient is status post arthroscopic shoulder surgery in September, 2013, as per progress report dated 01/19/15. The progress report does not document the patient's work status. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, only one progress report has been provided for review. In progress report dated 01/19/15, the patient underwent arthroscopic shoulder surgery in September 2013, and is not within the post-operative time frame. While the progress report does not document prior therapy, the UR letters states that the patient has already received 24 sessions of PT post-operatively. The treating physician does not discuss the impact of this therapy on patient's pain and function. Additionally, MTUS recommends only 8-10 sessions of PT in non-operative cases. Hence, the treater's request for 12 sessions is excessive and IS NOT medically necessary.