

Case Number:	CM15-0037871		
Date Assigned:	03/06/2015	Date of Injury:	01/05/2011
Decision Date:	12/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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 female, who sustained an industrial injury on 1-5-11. The documentation on 11-24-14 noted that the injured worker is currently pending a deposition for her shoulder as to whether or not this is part of her claim. The injured worker does continue to have pain into the left shoulder with difficulty with use of the arm. The injured worker noted that the left elbow paresthesias have almost completely resolved and she is otherwise without complaints. Physical examination revealed the injured worker in no acute distress. She has full active elbow range of motion bilaterally. There is not gross evidence of instability otherwise appreciated. The diagnoses have included other affections of shoulder region, not elsewhere classified. Treatment to date has included home exercise program and ultram. The original utilization review (1-30-15) non-certified he request for 8 physical therapy for the left shoulder, 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy for the left shoulder, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and 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 left shoulder pain. The request is for 8 physical therapy for the left shoulder, 2 times a week for 4 weeks. Patient is status post left elbow surgery, date unspecified. Examination to the left elbow on 10/28/14 revealed a limited range of motion. Per 09/22/14 progress report, patient's diagnosis include left shoulder impingement syndrome possible rotator cuff tear, left elbow submuscular ulnar nerve transposition. Patient's work status was not specified. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In progress report dated 08/25/14, under Plan, the treater states that the patient will continue with her formal course of therapy for her elbow and her shoulder. The patient continues with pain in the left shoulder and has been instructed to continue with home exercise program. It is not clear how many sessions of physical therapy the patient has completed to date. The treater however, has not documented a reduction in pain and functional improvement from previous therapy. Furthermore, the guidelines allow up to 10 sessions of therapy and the requested 8 sessions, in addition to prior sessions, exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.