

Case Number:	CM15-0037948		
Date Assigned:	03/06/2015	Date of Injury:	09/02/2014
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
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 54 year old male who sustained an industrial injury on 09/02/2014. Current diagnoses include left shoulder strain with subsequent adhesive capsulitis and left shoulder impingement with small partial articular rotator cuff tear. Previous treatments included medication management, 12 previous physical therapy visits, steroid injections, and rest. Report dated 01/28/2015 noted that the injured worker presented with complaints that included tenderness, limited range of motion, amplified pain with extension, reaching outward or backward, or swiveling motions of the left arm and shoulder. Physical examination was positive for abnormal findings. Physical therapy progress notes were included for review. The requested treatment includes 12 sessions of physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of physical therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The 54 year old patient complains of pain and limited range of motion in left arm and shoulder, as per progress report dated 01/28/15. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT SHOULDER. The RFA for the case is dated 01/28/15, and the patient's date of injury is 09/02/14. Diagnoses, as per progress report dated 01/28/15, included left shoulder strain with adhesive capsulitis, and left shoulder impingement with small partial articular rotator cuff tear. The patient has been allowed to work on modified duty, as per the same progress report. 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, the patient has received physical therapy in the past. As per progress report dated 01/07/15, the treating physician states that the patient has undergone only two sessions of PT since the previous visit but has "not noticed much change in his symptoms." In progress report dated 12/10/14, the treater states that the patient underwent 2 weeks of PT without much benefit. Additionally, MTUS recommends only 8-10 sessions in non-operative cases and the treater's request for 12 sessions is excessive and IS NOT medically necessary.