

Case Number:	CM15-0051279		
Date Assigned:	03/24/2015	Date of Injury:	01/03/2011
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 35 year old female, who sustained an industrial injury on January 3, 2011. The injured worker was diagnosed as having sprain of unspecified site of shoulder and upper arm. Treatment to date has included left shoulder MRI, steroid injection to the AC joint, and physical therapy. Currently, the injured worker complains of shoulder pain. The Primary Treating Physician's report dated February 3, 2015, noted the injured worker reported physical therapy was helping with her shoulder pain. The shoulder was noted to be tender at the AC joint and at her tenodesis site. The injured worker was reported as wanting to avoid further surgery. The Physician requested further physical therapy and a shoulder harness to see if it helped with her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder harness: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, postoperative abduction sling.

Decision rationale: The official disability guidelines only indicate the use of a sling in the postoperative setting for certain shoulder surgeries. The progress note dated February 3, 2015, which requests a shoulder harness, indicates that the injured employee has not had a shoulder surgery. This request for a shoulder harness is not medically necessary.

12 visits of physical therapy for left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines supports up to 10 visits of physical therapy followed by home exercise for the injured employees shoulder condition. The attached medical record indicates that there has already been recent participation in physical therapy with improvement. Considering this, this request for an additional 12 visits of physical therapy for the left shoulder is not medically necessary.