

Case Number:	CM15-0084869		
Date Assigned:	05/07/2015	Date of Injury:	04/10/2014
Decision Date:	06/16/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 38 year old male, who sustained an industrial injury on April 10, 2014. He reported left shoulder pain after pulling on a heavy canopy. The injured worker was diagnosed as having left shoulder tendonitis, rule out rotator cuff tear and impingement of the left shoulder and status post left shoulder arthroscopy 11/13/14. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, physical therapy, steroid injections, medications and work restrictions. Currently, the injured worker complains of continued left shoulder pain, tightness and decreased range of motion. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Magnetic resonance imaging of the left shoulder on May 8, 20-14, revealed degenerative changes and inflammation. It was noted the steroid injection relieved the pain for one week. He underwent left shoulder arthroscopy on November 13, 2014. Evaluation on February 19, 2015, revealed improved pain however still feels pain with overhead activities. Physical therapy for the left shoulder was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Physical therapy 3 times a week for 4 weeks for the left shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient has had extensive past therapy for this condition. There is no extenuating circumstance that would necessitate 12 more supervised therapy sessions when the MTUS recommends 10 for this condition. Furthermore, the patient should be competent in a home exercise program. The request for physical therapy 3 times a week for 4 weeks for the left shoulder is not medically necessary.