

Case Number:	CM14-0017282		
Date Assigned:	04/14/2014	Date of Injury:	08/14/2013
Decision Date:	05/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/11/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 08/14/2013. The patient is being treated for a chronic left shoulder pain that occurred due to an injury from a fall at work. The patient suffered a fall when a chair broke and the landing caused injuries to her left shoulder, hip, and neck. In the notes for the visit cared 12/12'13, the patient had left shoulder and neck pain. There was decreased range of motion of the right shoulder compared with the left. Palpation of the right shoulder elicited multiple locations of tenderness. Previously the patient had a cortisone injection in the injured shoulder and 12 sessions of physical therapy "with no improvement." The diagnoses included adhesive capsulitis and rotator cuff tendinopathic of the left shoulder. The physician requested additional physical therapy 3 sessions 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:

PHYSICAL THERAPY FOR THE LEFT SHOULDER, 3 TIMES A WEEK FOR 4 WEEKS: Upheld

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

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

Decision rationale: This patient has chronic right shoulder pain and has signs of adhesive capsulitis on physical exam. The patient completed a full course of physical therapy previously without documented benefit. The treatment guideline advises active self-directed home Physical Medicine. The extent of compliance with a home treatment exercises is not documented. Based on the documentation provided, the request for additional physical therapy sessions is not medically necessary.