

Case Number:	CM14-0115085		
Date Assigned:	08/04/2014	Date of Injury:	09/19/2013
Decision Date:	09/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 44-year-old female with date of injury of 09/19/2013. The listed diagnoses per Dr. [REDACTED], dated 05/28/2014, are: 1. Left shoulder pain after flu shot. 2. Left shoulder possible infraspinatus injection with edema. According to this report, the experienced pain, weakness and some atrophy following a flu vaccine, which was injected into her left shoulder. She reports continued pain in her left shoulder. X-rays were performed and she was told that they were negative. She has been attending physical therapies and is feeling better and seeing progress. The physical examination revealed tenderness to palpation along the greater tuberosity posteriorly and positive impingement sign was noted. The physician reviewed an MRI of the left shoulder which showed "some edema within the substance of the infraspinatus." The physician is requesting additional 12 physical therapy sessions. The utilization review denied the request on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 or 2 times a week for 6 weeks for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with left shoulder pain. The physician is requesting additional 12 physical therapy sessions for the left shoulder. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The Utilization review notes that the patient received 36 physical therapy sessions to date with some noted progress. Most recent physical therapy report from 04/18/2014, noted continued weakness to her RTC with limited range of motion in her shoulder. In this case, the patient has received 36 sessions of physical therapy with minimal improvement. Furthermore, the physician does not explain why the patient is unable to transition into a home exercise program. Therefore, Physical Therapy 1 or 2 times a week for 6 weeks for left shoulder is not medically necessary.