

Case Number:	CM14-0121686		
Date Assigned:	08/06/2014	Date of Injury:	10/05/2012
Decision Date:	10/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 43 year old female who sustained an injury to her left shoulder on 10/05/12 when she fell off of a bench, injuring the left side of her head, elbow, and shoulder. Treatment to date has included medications, physical therapy, and epidural steroid injections. Plain radiographs of the left shoulder were reportedly unremarkable. Electromyography/nerve conduction velocity (EMG/NCV) of the left upper extremity dated 05/03/13 revealed minimal denervation at left C5 nerve roots. The clinical note dated 06/17/14 reported that the injured worker continued to complain of left shoulder pain at 7 to 9 out of 10 on visual analog scale (VAS) in the left upper extremity. The injured worker noted that physical therapy made her worse. Physical examination noted cervical range of motion with forward flexion 20 degrees, extension 0 degrees, other planes moderately decreased; no motor, sensory, or reflex deficits; shoulder range of motion normal; 4/5 motor strength; impingement sign on the left; left elbow extension to -20 degrees. The injured worker was recommended for additional physical therapy for the left shoulder to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Shoulder - 8 additional sessions: Upheld

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

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

Decision rationale: The previous request was denied on the basis that per the injured worker, prior physical therapy made her condition worse and it is noted she has apparently had several rounds of physical therapy without resolution. Given such, the rationale for repeating more like care is unknown. Additionally, there notes a request for twelve shoulder physiotherapy visits (which is physical therapy performed by a chiropractor) while the request for authorization is for 8 visits to the neck, shoulder, and elbow. Regardless, the outcomes of the MRI and recent injections should be considered to determine primary organic pain generator and/or areas being refractory as it is probably cervical spine related, shoulder physical therapy would be of little or no value. Likewise, the total absence of any left side grip is also more suggestive of a neurological problem than shoulder dysfunction. There was no mention that a surgical intervention has been performed. The Official Disability Guidelines recommend up to ten visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three visits a week to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines (ODG) recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy to the left shoulder eight additional visits is not indicated as medically necessary.