

Case Number:	CM14-0162008		
Date Assigned:	10/07/2014	Date of Injury:	06/13/2012
Decision Date:	11/07/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation, 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 injured worker is a 59-year-old female who reported an injury on 06/13/2012. The injured worker's treatment history included physical therapy sessions, X-rays of shoulder surgery, and medications. The injured worker was evaluated on 09/12/2014 and it was documented the injured worker was having a follow-up regarding her left shoulder. She reportedly had completed physical therapy but felt that the physical therapy did not help much as she still had pain with range of motion. Pain level was rated at 9/10 on the pain scale. The findings of the left shoulder revealed left shoulder flexion and abduction were at 170 degrees. Pain was noted with these movements. Unofficial X-rays, 2 view of the left shoulder, were taken; however, the outcome measurements were normal findings. Diagnoses include S/P arthroscopy; repair rotator cuff tear; synovectomy, left shoulder. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue with 12 physical therapy sessions 3 x 4: 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 may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has received physical therapy. However, outcome measures were not submitted for review. The provider failed to indicate long term functional goals. The request failed to include body location where physical therapy sessions are required for the injured worker. On 09/12/2014, it was documented the injured worker had 12 sessions of physical therapy for strengthening and to reduce pain. However, the injured worker's completed physical therapy sessions did not help her much with her pain as she still had pain with her range of motion. Moreover, the request for 12 physical therapy sessions will exceed the number of recommended visits per guidelines. As such, the request to continue with 12 physical therapy sessions (3 x 4) is not medically necessary.