

Case Number:	CM14-0163548		
Date Assigned:	10/08/2014	Date of Injury:	07/02/2012
Decision Date:	12/17/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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 Pain 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 is the patient with a date of injury of July 2, 2012. A utilization review determination dated September 17, 2014 recommends noncertification of physical therapy. A progress report dated August 27, 2014 identifies subjective complaints of low back pain and increased left shoulder pain. Physical examination findings reveal restricted range of motion in the left shoulder with motor weakness rated as 3/5. A review of a diagnostic study dated July 18, 2014 revealed a partial tear of the supraspinatus tendon, infraspinatus tendinosis, and acromioclavicular osteoarthritis. The diagnoses include left shoulder tendinosis versus partial thickness tear. The treatment plan recommends physical therapy 2 times a week for 6 weeks for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, MTUS recommends a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 10 visits of physical therapy for rotator cuff syndrome. Within the documentation available for review, it appears the amount requested exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. As such, the current request for physical therapy is not medically necessary.