

Case Number:	CM14-0183342		
Date Assigned:	11/10/2014	Date of Injury:	04/18/2011
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 is a 56-year-old male claimant, sustained a work injury on April 18, 2011 involving the shoulders, neck, low back, ribs, clavicle, scapula and head. He was diagnosed with lumbar strain, adhesive capsulitis of the left shoulder, right knee internal derangement, intracerebral hemorrhage, fracture of the ribs, fracture of the left scapula and clavicle and facial fractures. He had undergone decompressive shoulder surgery in May 2014 and was placed in a shoulder sling. He had previously undergone physical therapy in May 2014 for approximately 12 sessions as ordered by the treating physician. A Progress note on October 7, 2014 indicated the claimant had 6/10 pain. Examination findings of the left shoulder indicated reduced range of motion and impingement findings. He had been performing home exercises. An additional 12 sessions of physical therapy was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the left shoulder, 2xWk x 6 Wks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy and shoulder pain

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified According to the ODG guidelines physical therapy postoperatively can go up to 24 visits over 14 weeks. In this case the shoulder surgery was several months ago. He completed at least 12 sessions of physical therapy previously. He had been performing home exercises. There's no indication of why additional therapy cannot be done in a self-based home program. The request for 12 sessions of physical therapy as above is not medically necessary.