

Case Number:	CM14-0084445		
Date Assigned:	07/21/2014	Date of Injury:	04/23/2012
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational 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:

The injured worker is a 39-year-old patient with a date of injury on 4/23/2012. The mechanism of injury was standing next to a hole when hole caved in, causing him to fall about 4 feet. In a progress noted dated 4/21/2014, subjective findings included increased clicking in left shoulder. On a physical exam dated 4/21/2014, objective findings included non antalgic gait and able to heel and toe walk without difficulty. There is tenderness to palpation over anterior rotator cuff on left shoulder, positive impingement and grind sign. Diagnostic impression shows status post fracture and dislocation of left shoulder. Treatment to date includes medication therapy, behavioral modification. A UR decision dated 5/2/2014 denied the request for physical medicine procedure, additional physical therapy sessions, twice a week for 6 weeks, total 12 sessions for left shoulder, stating that the patient had completed more than 12 physical therapy visits for the left shoulder with lack of improvement. There was few degrees of loss of motion was noted between the physical therapy evaluation of 3/7/2014 and 4/21/2014. Absent functional improvement with physical therapy, additional therapy is not recommended by the referenced guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine procedure, additional physical therapy sessions twice a week for six weeks, total 12 sessions for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. MTUS Physical Medicine Guidelines - allow for fading of treatment frequency. The Official Disability Guidelines (ODG) physical therapy guidelines for dislocation of shoulder recommend 12 visit over 12 weeks. In a progress note dated 3/7/2014, it was noted the patient had completed 12 visits of physical therapy for left shoulder. In a progress note dated 4/21/2014, there was no significant functional improvement discussed or documented from previous physical therapy sessions to justify further treatment beyond recommended guidelines. Therefore, the request for additional physical therapy twice a week for six weeks #12 is not medically necessary.