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| Case Number: | CM14-0149202 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 04/04/2012 |
| Decision Date: | 02/26/2015 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 male injured worker with a date of injury of April 4, 2012. The mechanism of injury is unknown. Diagnoses include left shoulder impingement syndrome, left shoulder acromioclavicular joint osteoarthritis, left shoulder adhesive capsulitis and status post left shoulder surgery on October 10, 2013. On November 26, 2012, MRI of the left shoulder revealed degeneration of the supraspinatus tendon, degenerative disease of the acromioclavicular joint producing moderate impingement and 11.0 x 6.0 mm bone cyst in the humeral head. On June 13, 2014, he continued to complain of left-sided neck and shoulder pain rating it as a 5 on a 1-10 pain scale. The pain radiated to his left arm, elbow, wrist and hand. The pain was associated with weakness, numbness, locking, grinding and swelling. He reported that overhead reaching, lifting, pushing, pulling, gripping, twisting, bending and stooping aggravated his symptoms. Range of motion included flexion 90 degrees, extension 50 degrees, abduction 180 degrees, adduction 50 degrees, internal rotation 45 degrees and external rotation 45 degrees. The range of motion was restricted due to pain. Left shoulder manual muscle testing revealed 4/5 strength. On July 17, 2014, the injured worker underwent left shoulder manipulation under anesthesia and left shoulder subacromial space cortisone injection. Notes stated that the injured worker's symptoms had not responded to conservative treatment including physical therapy, chiropractic care, acupuncture, anti-inflammatory medications and a cortisone injection. A request was made for physical therapy 5x week for 4 weeks for the left shoulder. On August 13, 2014, utilization review modified the request and approved 12 visits of physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; 12 visits to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request is considered not medically necessary. According to the chart, he has completed 36 sessions of physical therapy which helped him 70% since surgery. There was no objective documentation of functional improvement. He was exercising, doing stretches at home. The requested 12 additional visits would exceed the recommended limit of 24 visits over 14 weeks with a treatment period of 6 months, according to MTUS guidelines. At this point, the patient should be transitioned to a home exercise program which he is already performing. Therefore, the request is considered not medically necessary.