MAXIMUS Federal Services

Case Number:	CM14-0216525		
Date Assigned:	01/06/2015	Date of Injury:	04/10/2014
Decision Date:	02/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/26/2014

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 patient is a 41 year old female who sustained a work related fall in a parking lot resulting in injuries to her left shoulder, left elbow, left wrist and hand and right ankle on April 10, 2014. No surgical interventions were documented. The injured worker is diagnosed with left shoulder contusion and strain, right ankle sprain and left wrist strain. According to the left shoulder magnetic resonance imaging (MRI) report on November 26, 2014 a mild tendinitis and partial tear of the supraspinatus tendon was noted. There was no full thickness cuff tear, no tendon retraction or muscle atrophy. A slight abnormal signal at the anterior inferior labrum possibly related to degeneration and small tear was present. Current medications consist of Motrin. The injured worker received a cortisone injection to the right ankle on December 2, 2014 and physical therapy. According to the physician's progress report on November 4, 2104 the injured worker was evaluated for slight tenderness in the left acromioclavicular area. Flexion was noted at 160 degrees, abduction 170 degrees, external rotation 50 degrees, extension 45 degrees and adduction at 50 degrees. Left wrist was noted to be improved. Current medications consist of Ibuprofen. The injured worker returned to work with customary duties. The physician requested authorization for physical therapy for the left shoulder twice a week for three weeks which was denied by the Utilization Review on December 23, 2014.Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and Official Disability Guidelines (ODG) Work Loss Data Institute, LLC Corpus Christi TX; Shoulder (Acute & Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left shoulder twice a week for three weeks: 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 section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks.The injured worker is reported to have much improvement from prior therapy. Plan per physical therapy progress report dated 7/1/2014 is to discharge with home exercise program. The requesting physician explains that there has been much improvement, but then requests for additional therapy and referral to orthopedic surgeon. The requesting physician does not discuss the use of home exercise program or why additional therapy is medically necessary. The request for Physical Therapy for left shoulder is not medically necessary.