

Case Number:	CM15-0010426		
Date Assigned:	01/28/2015	Date of Injury:	04/24/2014
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/19/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 was a 28 year old female, who sustained an industrial injury, April 24, 2014. The injury occurred when propping a door open to pull a patient in a wheelchair through it. The injured worker felt sudden pain in the left shoulder with pulling sensation. The injured worker sustained a left shoulder injury with radiation of pain to the left elbow and hand to finger level. The shoulder stiffness and tingling sensation in the left elbow and fingers. The injured workers chief complaint was left shoulder pain. The injured worker was diagnosed with left shoulder strain/sprain, chronic left parascapular strain and left shoulder superior labrum tear. The injured worker received the following treatments physical therapy for the left shoulder, Tramadol for pain, chiropractic services and MRI of the left shoulder. On December 9, 2014, the primary treating physician requested additional physical therapy 2 times a week for 3 weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, Twice Weekly for 3 Weeks to The Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: This 28 year old female has complained of left shoulder pain since date of injury 4/24/14. She has been treated with chiropractic therapy, medications and 6 sessions of physical therapy. The current request is for additional physical therapy, twice weekly for 3 weeks to the left shoulder. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia and myofascial pain. The submitted medical documentation indicates that the patient has already received 6 sessions of passive physical therapy thus far. On the basis of the MTUS guidelines and available medical documentation, an additional 6 sessions of passive physical therapy is not indicated as medically necessary.