

Case Number:	CM15-0111905		
Date Assigned:	06/18/2015	Date of Injury:	10/11/2001
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/10/2015

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: California, North Carolina
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:

The injured worker is a 53 year old male, who sustained an industrial injury on 10/11/2001. He has reported subsequent neck, back and left shoulder pain and was diagnosed with cervical sprain/strain status post multiple cervical operations with extensive cervicothoracic reconstruction, lumbosacral fusion status post hardware removal, status post upper thoracic discectomy and status post left shoulder replacement with post-operative infection requiring resection. Treatment to date has included medication, acupuncture, physical therapy and surgery. The injured worker was noted to have undergone 32 previous visits of physical therapy in a 03/20/2015 progress note. In a progress note dated 05/01/2015, the injured worker complained of increasing left shoulder pain. Objective findings were notable for decreased range of motion of the left shoulder and motor strength. A request for authorization of 12 sessions of physical therapy for the left shoulder was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) Physical Therapy.

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

Decision rationale: MTUS Guidelines support the use of physical therapy (PT) for short-term relief during the early phases of pain treatment. In this case, the patient has had 32 previous PT treatments for his shoulder and an additional 12 sessions are here requested. The patient has not been evaluated by the original prescriber of the last 12 sessions of PT, so functional improvement cannot be properly evaluated in this case. Therefore, the request for 12 sessions of physical therapy for the left shoulder is not medically necessary.