

Case Number:	CM15-0112165		
Date Assigned:	06/18/2015	Date of Injury:	02/13/2012
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
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
 Certification(s)/Specialty: Emergency 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 injured worker is a 51 year old male, who sustained an industrial injury on February 13, 2012. He reported left shoulder pain with associated clicking, popping and weakness. The injured worker was diagnosed as having left shoulder pain, history of gastritis, ganglion cyst of the left wrist, gastroesophageal reflux disease and a history of an abnormal electrocardiogram. Treatment to date has included diagnostic studies, radiographic imaging, and physical therapy, surgical intervention of the left shoulder, medications and work restrictions. Currently, the injured worker complains of continued left shoulder pain with decreased range of motion. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 7, 2014, revealed continued pain, Magnetic resonance imaging revealed a tear in the left shoulder and positive impingement. Arthroscopic procedure was recommended with post-operative physical therapy. It was noted he had multiple previous surgical interventions including left ankle, bilateral knees and left wrist ganglion cyst removal surgeries. Evaluation on January 15, 2015, revealed significant improvement since the previous exam. There was a noted portal hole in the left shoulder consistent with recent arthroscopic procedure. Physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 treatments of physical therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, Postsurgical Treatment Guidelines.

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

Decision rationale: The requested 12 treatments of physical therapy for the left shoulder is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has continued left shoulder pain with decreased range of motion. Evaluation on January 15, 2015, revealed significant improvement since the previous exam. There was a noted portal hole in the left shoulder consistent with recent arthroscopic procedure. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 12 treatments of physical therapy for the left shoulder is not medically necessary.