

Case Number:	CM15-0121007		
Date Assigned:	07/01/2015	Date of Injury:	12/18/2014
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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 61-year-old female, who sustained an industrial injury on 12/18/14. She has reported initial complaints of a fall at work with injury to left knee and leg. The diagnoses have included shoulder sprain/strain, pain in shoulder joint, contusion of the left knee and pain in the lower leg joint. Treatment to date has included medications, activity modifications, off work, diagnostics, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 5/29/15, the injured worker complains of left shoulder pain with pulsing pain with increased pain at night rated 8/10 on pain scale. The objective findings reveal left shoulder tenderness at the acromioclavicular joint (AC) and left shoulder. There is a positive Yergason sign, positive Speeds test, positive Neer test, positive Hawkin's test, and positive Codman drop arm test. The range of motion reveals abduction to 100 degrees, flexion to 110 degrees, and extension to 30 degrees. The physician noted that the Magnetic Resonance Imaging (MRI) of the left shoulder dated 4/28/15 reveals a full thickness tendon tear with retraction with rotator cuff tendinosis. The x-rays of the left shoulder dated 4/28/15 reveals hypertrophy of the acromioclavicular joint (AC) with narrowing of acromio humeral interval with superior migration of the humeral head. The reports were not noted in the records. There was previous physical therapy sessions noted in the records. The medication listed was Anaprox for pain. The physician requested treatment included Physical therapy for the left shoulder 2 times a week for 4 weeks quantity: 8 sessions.

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 2 times a week for 4 weeks, quantity: 8 sessions:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy.

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

Decision rationale: This patient receives treatment for chronic left shoulder pain. This was the result of a fall while at work on 12/18/2014. The left knee and leg also received injuries. On exam, there was a positive Hawkin's test, Speed test, and drop arm test. An MRI showed a torn supraspinatus tendon and capsulitis. The patient received 4 PT sessions. This review addresses a request for 8 additional PT sessions. The treatment guidelines recommend 10 sessions for this type of shoulder injury. After the PT sessions, the patient should continue a guided home exercise program. The additional 8 PT sessions are not medically indicated.