

Case Number:	CM15-0123875		
Date Assigned:	07/08/2015	Date of Injury:	03/18/2011
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, 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:

This is a 51 year old male patient who sustained a work related injury on March 18, 2011. Diagnoses are left shoulder contusion/sprain possible; internal derangement. Per the doctor's note dated 6/1/2015, he had complaints of neck pain, low back pain and left shoulder pain. According to a primary treating physician's progress report, dated May 11, 2015, he had complaints of left shoulder stiffness and aching sensation; the pain radiates into his neck and would like to have therapy to improve his strength. The physical examination revealed tenderness of the cervical spine with no acute neurological changes, no gross instability with range of motion; left shoulder 130 degrees abduction. The medications list includes prilosec, naproxen, lidoderm patch and cymbalta. Past history included left shoulder surgery on 12/16/2014, hypertension, diabetes, acute pancreatitis, laparoscopic cholecystectomy in 2/2013 and Bell's palsy. He has had MRI of the cervical spine and left shoulder dated 5/17/2013. Treatment plan included x-rays, 2 views, of left humerus, left shoulder, left elbow, and left forearm taken. At issue, is the request for authorization for physical therapy, left shoulder.

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 3 times a week for 6 weeks, quantity: 18 sessions:
 Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy page 98.

Decision rationale: Per the records provided patient has undergone left shoulder surgery on 12/16/2015. She is beyond post surgical period. Therefore, post surgical guidelines are not used. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has already had 49 physical therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy for the left shoulder 3 times a week for 6 weeks, quantity: 18 sessions is not established for this patient at this time. Therefore, the request is not medically necessary.