

Case Number:	CM15-0076522		
Date Assigned:	04/28/2015	Date of Injury:	06/23/2011
Decision Date:	05/29/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York, West Virginia, Pennsylvania
 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 43 year old female, who sustained an industrial/work injury on 6/23/11. She reported initial complaints of left shoulder pain. The injured worker was diagnosed as having left shoulder joint pain and rotator cuff sprain/strain. Treatment to date has included medication, diagnostics, surgery (left shoulder arthroscopy with subacromial decompression and labral repair on 10/2012), shoulder and knee immobilizer, and physical therapy (12 sessions). MRI results were reported on 1/22/13. Currently, the injured worker complains of left shoulder pain. Per the primary physician's progress report (PR-2) on 2/19/15, examination revealed tenderness over the acromioclavicular joint, anterior joint line and bicipital groove and subacromial space, active elevation was to 160 degrees with pain, bilateral rotation was to 80 degrees. The requested treatments include physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 left shoulder: Upheld

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

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

Decision rationale: Guidelines state physical medicine is recommended and the frequency should be tapered and transitioned into a self-directed home program. In this case, the patient underwent subacromial decompression and labral repair to the left shoulder and the patient already had 12 authorized physical therapy sessions, but the total number of PT sessions previously completed was not documented in the clinical records. Also, there is no documentation of objective functional improvement through prior therapy. The request for physical therapy 3 x 4 left shoulder is not medically appropriate and necessary.