

Case Number:	CM15-0078145		
Date Assigned:	04/29/2015	Date of Injury:	05/23/2013
Decision Date:	05/28/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 male who sustained an industrial injury on 5/23/13 when he was practicing shooting a rifle at a range he developed a sharp pain in the left shoulder with weakness. He was given pain medication and MRI. He currently complains of intermittent moderate left shoulder pain with limited range of motion. Medications are naproxen, cyclobenzaprine, omeprazole, Ambien, Norco, and Motrin. Diagnoses include left shoulder rotator cuff tendinitis/ bursitis, rule out tear; status post left shoulder arthroscopy; chronic cervical musculoligamentous sprain/ strain, status post cervical fusion decompression of the cervical spine; lumbar disc annular tear; bilateral chondromalacia patella; status post fall injury to the right shoulder (1/20/11), status post right shoulder arthroscopic subacromial decompression; status post left knee arthroscopic surgery. Treatments to date include medications; home exercises for strength and range of motion. Diagnostics include MRI of the left shoulder (8/14/13, 11/19/14) abnormal findings; MRI lumbar spine (12/19/13) abnormal findings; gastropathy, secondary to medications. In the progress note dated 12/11/14 the treating provider's plan of care includes a request for physical therapy for the left shoulder two times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy sessions for the left shoulder 2x/wk for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 sessions physical therapy to the left shoulder, 2 times a week for 4 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder rotator cuff tendinitis/bursitis; MRI evidence of posterior labral tear; status post left shoulder arthroscopy. The request for authorization was dated April 9, 2015. The most recent progress note in the medical record (by the requesting physician for physical therapy) is dated December 11, 2014. The injured worker is seven months postoperative for the left shoulder arthroscopy. The injured worker (according to the utilization review) has received 24 physical therapy sessions from August 21, 2014 through the present. There is no documentation in the medical record evidencing objective functional improvement with prior PT. Subjectively, there is intermittent moderate left shoulder pain with limited range of motion. Objectively, there is tenderness to palpation at the anterolateral and supraspinatus insertion. There is decreased range of motion. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. The injured worker should be well-versed (after 24 physical therapy sessions) in exercises performed during physical therapy to engage in a home exercise program. Consequently, absent clinical documentation with objective functional improvement (24 prior PT sessions) and compelling clinical facts to warrant additional physical therapy, 8 sessions physical therapy to the left shoulder, 2 times a week for 4 weeks is not medically necessary.