

Case Number:	CM15-0099155		
Date Assigned:	06/01/2015	Date of Injury:	10/23/2012
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on 10/23/2012. The current diagnoses are left shoulder injury, status post open repair (5/14/2014). According to the progress report dated 2/26/2015, the injured worker reports that he is doing well since surgery. He has no pain in his suture line. He does report improvement in range of motion and strength since beginning therapy. The physical examination of the left shoulder reveals improved strength. Range of motion is now adduction 100 degrees and forward flexion 115 degrees. The current medication list is not available for review. Treatment to date has included medication management, MRI studies, physical therapy, electrodiagnostic testing, injections, and surgical intervention. The plan of care includes prescriptions for 10 additional physical therapy sessions for range of motion and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 10 session (2 x 5) for ROM and strengthening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter.

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

Decision rationale: The 56 year old patient complains of pain in bilateral shoulders, bilateral elbows and bilateral wrists, as per progress report dated 03/17/15. The request is for continued physical therapy 10 sessions (2 X 5) for ROM and strengthening. The RFA for this case is dated 04/28/15, and the patient's date of injury is 10/23/14. The patient is status post acromioplasty of the left shoulder with Mumford procedure and inspection of the rotator cuff, as per operative report dated 05/14/14. Diagnoses, as per progress report dated 03/17/15, included left rotator cuff tear, right bicipital tendinitis, rotator cuff tendinitis, bilateral medial epicondylitis, bilateral ulnar and median nerves entrapment neuropathies, and bilateral wrist pain. The patient is not working, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In progress report dated 04/28/15, the patient states that he has been "doing the most he can at home but without the help of physical therapist is having a hard time keeping his ROM." The treater, therefore, "strongly" recommends physical therapy to help patient manage pain and improve range of motion. The patient completed 32 sessions of PT from the date of injury until the left shoulder surgery on 05/14/14. The patient completed 17 sessions of PT after the procedure and completed 12 additional sessions in 2015, as per progress report dated 03/17/15. While the patient appears to benefit from PT, MTUS only allows 8-10 sessions in non-operative cases. Hence, the request is not medically necessary.