

Case Number:	CM13-0003771		
Date Assigned:	12/11/2013	Date of Injury:	05/08/2012
Decision Date:	01/17/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41-year-old male who reported an injury on 05/08/2012. The mechanism of injury was not provided for review; however, the patient developed right shoulder and neck pain. The patient was initially treated with medications. The patient was later treated with chiropractic care and extensive physical therapy. The patient's most recent physical exam findings included a painful arc of range of motion of the left shoulder, joint tenderness to palpation, and a positive impingement test. The patient's diagnoses included left subacromial impingement stage II with internal rotation contracture and symptomatic acromioclavicular joint degenerative disease. The patient's treatment plan included continued physical therapy, a home exercise program, and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x 8 sessions for the neck and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The clinical documentation submitted for review does indicate that the patient has continued pain complaints and range of motion deficits that would benefit from active therapy. The California Medical Treatment Utilization Schedule recommends that the patient be transitioned into a home exercise program to self-manage chronic pain. Official Disability Guidelines recommend up to 12 physical therapy visits for this type of injury. The clinical documentation submitted for review provides evidence that the patient has received extensive physical therapy for this injury. The clinical documentation submitted for review does not provide any evidence of exceptional factors that would support extending treatment beyond guideline recommendations. Additionally, there are no barriers noted within the documentation to preclude further progress of the patient while participating in a home exercise program. As such, the requested additional physical therapy, times 8 sessions, for the neck and shoulder is not medically necessary or appropriate.