

Case Number:	CM13-0005762		
Date Assigned:	03/07/2014	Date of Injury:	04/08/2013
Decision Date:	03/28/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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/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:

This is patient reported a cumulative trauma injury in the 1-1/2 month timeframe from 2/27/13 through 4/18/13 from lifting, pushing, pulling and grasping, to the chiropractor, [REDACTED] on 4/29/13. On 7/3/13 she changed chiropractors to [REDACTED], and reports that on 2/27/13 she was setting up shelving for 1.5 hours and developed pain in the neck and both arms. She has been diagnosed with cervical, shoulder and forearm strain and postural imbalances. On 7/2/13 [REDACTED] recommended physical therapy (PT) x 8. On 7/10/13 UR denied the PT on speculation that a home exercise program would be appropriate, and that the current complaints were not related to the work injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE LEFT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on ACOEM - <https://www.acoempracguides.org/shoulder>, Table 2, Summary of Recommendations, Shoulder Disorders.

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

Decision rationale: The patient presents with neck and upper extremity pain. [REDACTED] notes cervical, shoulder and forearm strains and requested 8 sessions of PT. MTUS guidelines, recommends 8-10 sessions of PT for various myalgias and neuralgias. There is no indication the patient has had prior PT. The request is in accordance with MTUS guidelines.