

Case Number:	CM13-0009181		
Date Assigned:	11/20/2013	Date of Injury:	11/16/2011
Decision Date:	01/21/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

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 Family Practice, 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 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 65-year-old female who reported an injury on 11/16/2011. The patient has completed 18 sessions of physical therapy to date and has also had a pain management consultation. The patient's diagnosis was pain in the shoulder joint region dated 06/19/2013. Along side the physical therapy treatments, the patient has also undergone (undated/unnamed) injections which she stated gave her about 20% relief for a short period of time. On the current physical therapy progress note dated 06/05/2013, the patient stated her pain was rated between 3/10 and 8/10. Under the subjective heading, it also states that the patient's previous physical therapy did not result in any improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for Physical Therapy, 2 to 3 times per week for 4 to 6 weeks, for shoulder and upper arm: Upheld

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

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

Decision rationale: Regarding the appeal for physical therapy 2 to 3 times a week for 4 to 6 weeks for the shoulder and upper arm, under California Chronic Pain Medical Treatment Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. It further states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As noted in the documentation, the patient has already completed 18 sessions of physical therapy and should be well versed in continuing with a home health exercise program. Furthermore, the California Chronic Pain Medical Treatment Guidelines, allow 9 to 10 visits over 8 weeks for myalgia and myositis, unspecified, or 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified; and as the patient has not been diagnosed as having reflex sympathetic dystrophy, she would not qualify for 24 visits over 16 weeks. Therefore, with the requested service exceeding maximum allowance for physical therapy sessions per California Chronic Pain Medical Treatment Guidelines, and with the patient having already completed 18 sessions of physical therapy, the requested service is not considered medically necessary. As such, in accordance with the previous denial, the requested service is non-certified.