

Case Number:	CM13-0009883		
Date Assigned:	12/04/2013	Date of Injury:	07/02/2013
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
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 physical medicine and rehabilitation, has a subspecialty in pain management, 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 48-year-old with a date of injury of 07/02/2013. The patient has a diagnosis of lumbar and shoulder sprain/strain. UR dated 08/05/2013 denied request for 4 additional physical therapy sessions stating patient should now be on an active home exercise program. Progress report dated 07/29/2013 by [REDACTED] notes that patient is feeling overall much better. He has been improving with PT (physical therapy), but still having some pain and difficulty with overhead reaching or any heavy lifting. On examination patient had mild decrease in ROM, no tenderness, no edema. [REDACTED] recommends additional 4 sessions until further improved. Physical therapy reports by Concerta dated 07/09/13-07/26/13 shows patient already received 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy to the lumbar spine and right shoulder, twice per week for two weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: atient has a diagnosis of lumbar and shoulder sprain/strain. Progress report dated 07/29/2013 by [REDACTED] notes that patient is feeling overall much better. He has been improving with physical therapy but still having some pain and difficulty with overhead reaching or any heavy lifting. [REDACTED] recommends additional 4 sessions. Physical therapy reports by Concerta from 07/09/13-07/26/13 show that the patient had 6 visits only. Additional 4 sessions are consistent with MTUS guidelines. The Chronic Pain Medical Treatment Guidelines allows up to 10 therapy visits for strain/sprain or myalgia/neuritis. The request for additional outpatient physical therapy to the lumbar spine and right shoulder, twice per week for two weeks, is medically necessary and appropriate.