

Case Number:	CM13-0010567		
Date Assigned:	11/08/2013	Date of Injury:	04/23/2012
Decision Date:	08/13/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/14/2013

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 Family Practice and is licensed to practice in Mississippi 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 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:

The injured worker is a 54-year-old female who reported an injury on 04/23/2012. The mechanism of injury was a fall. On 11/08/2013, the injured worker presented with intermediate neck pain with radiation to the right shoulder. She also reported left shoulder pain with radiation down to her left leg. Upon examination of the cervical spine, there was tenderness to palpation to the right trapezius and right paracervical musculature, with range of motion restricted due to pain. Examination of the right shoulder revealed tenderness to palpation to the right trapezius musculature, and a positive impingement sign. The range of motion values for the right shoulder were 90 degrees of flexion, 90 degrees of abduction, 15 degrees of external rotation, and 15 degrees of internal rotation. The diagnoses were work-related fall, cervical spine strain with radicular complaints, and right comminuted fracture of the proximal humerus with bone loss. Prior therapy included medications. The provider recommended physical therapy 2 times a week for 3 weeks. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS: Upheld

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

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

Decision rationale: The request for physical therapy 2 times a week for 3 weeks is non-certified. The California MTUS Guidelines state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process and/or to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The amount of physical therapy visits that have already been completed were not provided. Injured workers are instructed and expected to continue active therapies at home, there is no significant barrier to transitioning the injured worker to an independent home exercise program. Additionally, the provider's request does not indicate a site that physical therapy is intended for and the request is submitted. As such, the request is non-certified.