

Case Number:	CM13-0010715		
Date Assigned:	03/10/2014	Date of Injury:	04/22/2013
Decision Date:	10/31/2014	UR Denial Date:	07/16/2013
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 Pain Management and is licensed to practice in Minnesota. 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 50-year-old male, who reported an injury on 04/22/2013. The mechanism of injury reportedly occurred as a gradual onset after years of lifting heavy boxes. His diagnoses were pain in shoulder and impingement syndrome. His treatments included physical therapy and medications. His diagnostics included an x-ray of the right shoulder and an MRI of the right shoulder. His surgeries were not provided. On 06/26/2013, the injured worker reported pain at the posterior, lateral, and superior aspects of the right shoulder, numbness and tingling in the right hand, along with night pain. The physical examination revealed painful range of motion to the right shoulder along with decreased range of motion. His medications included over the counter anti-inflammatories and Voltaren 100 mg. The treatment plan was for physical therapy 2 x6. The rationale for the request was not provided. The Request for Authorization form was submitted on 07/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) 2 X 6: Upheld

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 Physical medicine, Page(s): 98-99.

Decision rationale: Based on the clinical information submitted for review, the request for physical therapy (PT) 2 X 6 is not medically necessary. As stated in the California MTUS Guidelines, passive therapy can provide short term relief during the early phases of pain treatment. Passive therapy can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. The guidelines indicate up to 10 visits of physical therapy. The clinical documentation submitted for review noted that the injured worker had completed 10 sessions of physical therapy and was performing home exercises with no improvement. It is unclear as to what pain and functional improvements the injured worker achieved without physical therapy progress notes. Furthermore, the request for an additional 12 visits exceeds the recommendation of 10 visits by the guidelines, without objective evidence of improved pain and functionality. There is insufficient documentation to warrant an excess of physical therapy visits. As such, the request for physical therapy (PT) 2 X 6 is not medically necessary.