

Case Number:	CM13-0010777		
Date Assigned:	03/10/2014	Date of Injury:	12/15/2007
Decision Date:	09/17/2014	UR Denial Date:	08/05/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female who reported an injury on 12/15/2007. The mechanism of injury was not provided within the medical records. The clinical note dated 06/04/2013 indicated a diagnosis of glenohumeral scapulothoracic sprain/strain. The injured worker reported the cervical, thoracic, and costal were improved. The injured worker's prior treatments included diagnostic imaging, physical therapy and chiropractic therapy. The injured worker's medication regimen was not provided for review. The provider submitted a request for physical therapy to the right shoulder. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the right shoulder 1 time a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: The request for physical therapy to the right shoulder 1 time a week for 12 weeks is not medically necessary. The California MTUS 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. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy and the number of sessions the injured worker has already completed. In addition, there is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Therefore, the request for physical therapy to the right shoulder 1 time a week for 12 weeks is not medically necessary.