

Case Number:	CM13-0012669		
Date Assigned:	09/18/2013	Date of Injury:	01/15/2013
Decision Date:	01/23/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/13/2013

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 & Rehabilitation, 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 64-year-old female who reported an injury on 01/15/2013 with the mechanism of injury being a trip and fall. The patient was noted to have attended physical therapy. The patient was noted to have tenderness to palpation over the paravertebral musculature and trapezius muscles bilaterally, left greater than right. The diagnoses were noted to include cervical trapezial musculoligamentous sprain/strain and bilateral shoulder parascapular sprain and left rotator cuff tendinitis, bursitis, and impingement syndrome. The request was made for 12 physical therapy sessions of the right shoulder 3 times a week for 4 weeks as an outpatient between 07/25/2013 and 09/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy of the right shoulder 3 times a week for 4 weeks, as an outpatient, between 7/25/2013 and 9/8/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -- <https://www.acoempracguides.org/Shoulder; Table 2, Summary of Recommendations, Shoulder Disorders>.

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

Decision rationale: The MTUS guidelines indicate that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the employee had pain in the shoulder and had a short course of therapy, approximately 6 sessions or 7 sessions, and the treatment was directed at the neck and left shoulder and the employee noted improvement. However, the clinical documentation submitted for review failed to provide the necessity for 12 physical therapy sessions. As it was noted the employee had 6 sessions to 7 sessions previously, there was a lack of documentation indicating the employee's functional improvement from the prior therapy and remaining functional deficits to support ongoing therapy. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for twelve (12) physical therapy of the right shoulder, 3 times a week for 4 weeks as an outpatient between 7/25/2013 and 9/8/2013 is not medically necessary.