

Case Number:	CM13-0013115		
Date Assigned:	09/25/2013	Date of Injury:	02/13/2012
Decision Date:	11/05/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/19/2013

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 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 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 57-year-old male who reported an injury on 02/13/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included articular cartilage disorder involving the shoulder region, lumbar strain, lumbosacral strain, and left shoulder labrum tear, rotator cuff tendinopathy, and left carpal tunnel. Previous treatments included medication, physical therapy, and left shoulder arthroscopy. The diagnostic testing included an MRI of the cervical and lumbar spine. Within the clinical note dated 04/21/2014, it was reported the injured worker complained of lumbar and cervical spine pain. He rated his pain a 7/10 in severity. He described the pain as aching with intermittent sharp pain with no radiation. Upon the physical examination, the provider noted decreased range of motion of the left shoulder. The provider requested physical therapy. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two (2) times per week for four (4) weeks for the left shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for additional physical therapy 2 times a week for 4 weeks for the left shoulder is not medically necessary. 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, and range of motion. The guidelines allow for a fading of treatment frequency pulse active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. The clinical documentation submitted failed to indicate the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The documentation submitted failed to provide an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion or decreased strength and flexibility. The number of sessions the injured worker has previously undergone was not submitted for clinical review. The number of sessions requested exceeds the guideline recommendations. Therefore, the request is not medically necessary.