

Case Number:	CM13-0014645		
Date Assigned:	10/07/2013	Date of Injury:	02/02/2012
Decision Date:	01/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/22/2013

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 Ohio 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 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 49-year-old female who reported an injury on 02/02/2012 after falling while carrying a box of avocados, causing injury to her low back, left knee, and left ankle. The patient was conservatively treated with medications, H-wave therapy, and physical therapy. The patient's most recent physical examination findings included severe left shoulder and left knee pain, decreased range of motion of the left shoulder with tenderness to palpation. It was also noted that the patient's knee had decreased range of motion with medial joint line tenderness. The patient's diagnoses included stiff shoulder syndrome bilaterally, inflammation process of the left shoulder, inflammation process of the left wrist, inflammation process of the left knee, and inflammation process of the left ankle. The patient's treatment plan included continuation of H-wave therapy, surgical consultation for the left shoulder and left knee, continuation of medications, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder, 18 visits: 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: The Physician Reviewer's decision rationale: The requested physical therapy for the left shoulder for a total of 18 visits is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has significant complaints of pain and limited range of motion of the left shoulder. The clinical documentation submitted for review does provide evidence that the patient has previously received physical therapy for this injury. However, the efficacy and duration were not addressed. As the patient has previously received physical therapy, they should be well versed in a home exercise program. There are no barriers noted within the documentation to preclude further progress of the patient while participating in a home exercise program. Additionally, California Medical Treatment Utilization Schedule would support a short course of therapy to reestablish and reinforce a home exercise program; however, the requested 18 visits exceed this recommendation. The clinical documentation does not contain any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested physical therapy for the left shoulder, 18 visits, is not medically necessary or appropriate.