

Case Number:	CM13-0017494		
Date Assigned:	06/06/2014	Date of Injury:	08/18/2010
Decision Date:	07/31/2014	UR Denial Date:	08/05/2013
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 49-year-old female who reported an injury on 8/20/10 caused by increased usage of her elbow at work. On 6/17/13, the injured worker complained of right shoulder pain. It was reported that the injured worker had completed physical therapy and was returning to some normal activities. She underwent a 1 hour Zumba class without weights in her hands and reinjured her right shoulder. On physical examination, the right shoulder revealed motion in the subacromial. The forward elevation was 155 degrees and external rotation was 30 degrees and internal rotation to L4. There was in direct pain abduction with no associated crepitus, popping and snapping. She had mildly positive impingement signs at 1, 2, and 3. The diagnoses included right shoulder supraspinatus tendinosis versus partial-thickness tendon tearing, right shoulder impingement and right shoulder posterior capsule tightness. It was documented that the injured worker was working two days a week for four hours a day. The medications included Toradol 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional physical therapy sessions: Upheld

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

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

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines states that physical medicine provides 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. It can be used sparingly with active therapy to help control swelling, pain, and inflammation during the rehabilitation process. 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. Therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines also states that for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis 9-10 visits over 8 weeks may be recommended. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include with or without mechanical assistance or resistance in functional activities with assistive devices. The document provided on 6/17/13 had a flare of symptoms; however, it was unclear what specific goals or methods were not noted for the injured worker. In addition, the request did not include location of the body where physical therapy is needed for the injured worker. Therefore, the request is not medically necessary.