

Case Number:	CM13-0017744		
Date Assigned:	07/02/2014	Date of Injury:	04/30/2013
Decision Date:	07/30/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/28/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 34 year old female who was injured on 4/30/13 from repetitive movements of her left arm/shoulder/neck. She was first examined for these injuries delayed a few months later. She was diagnosed with left shoulder pain, trapezious/left shoulder/left bicep muscle strain, cervical disc disease, and mild tendonitis left hand. She was treated with NSAIDs at first, and was recommended physical therapy for 2 times per week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for twelve (12) weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The MTUS ACOEM Guidelines state that for new shoulder complaints, physical exercises are recommended. Except in cases of unstable fractures, acute dislocations, instability, or hypermobility, patients can be advised early pendulum or passive range of motion exercises at home. Instruction in proper exercise technique is important, and a few visits to a physical therapist may be helpful in educating the patient in preparation for home exercises. In

cases where home exercises are unable to be performed effectively and continued supervision and support is needed, then the MTUS Chronic Pain guidelines set an upper limit of 9-10 total visits over 8 weeks for myalgia and myositis, which was the diagnosis of the worker in this case. The prescribed 24 sessions was excessive and not medically necessary for this injury.