

Case Number:	CM13-0017906		
Date Assigned:	03/26/2014	Date of Injury:	01/29/2013
Decision Date:	06/24/2014	UR Denial Date:	08/28/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in 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 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 45-year-old male who reported an injury on 1/29/13 as result of heavy lifting. The current diagnoses include neck pain and radiculopathy. The injured worker was evaluated on 8/6/13. The injured worker reported persistent left shoulder and neck pain. Physical examination revealed limited range of motion, tenderness to palpation, and tightness with spasm. Treatment recommendations included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS FOR THE LEFT SHOULDER/ARM/NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: 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, range of motion, and can alleviate discomfort. As per the documentation submitted, the injured worker has completed a previous course of physical

therapy. However, there is no documentation of the previous course submitted for review. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.