MAXIMUS Federal Services

Case Number:	CM13-0019362		
Date Assigned:	07/02/2014	Date of Injury:	02/09/2012
Decision Date:	07/31/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

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 Emergency Medicine 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:

Patient with reported date of injury on 2/9/2012. Mechanism of injury is described as L shoulder/back injury while reaching at work. Originally injured L shoulder but now developed R shoulder pains during course of treatment. Pt has a diagnosis of R upper trapezius and R shoulder inter scapular strain. Also had a diagnosis of L shoulder strain. Medical records from primary treating physicians and consultants reviewed. Last report available until 7/29/13. Patient complains of R shoulder and R upper back pain. Pain is R upper trapezius extending to R inter scapular region. Worsens with movement, reaching and pulling. The patient had received unknown number of sessions of physical therapy had reported no improvement on the affected shoulder. Objective exam reveals tenderness to R upper trapezius extending down R inter scapular region. No spasms or tightness noted. Range of motion of R shoulder is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY QTY: 9.00: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, physical therapy may be recommended under certain criteria. For patient's pain, PT may be beneficial in improving pain and mobility. However, the note specifically mentions that prior PT sessions(an unknown number) of the R shoulder did not improve the pain. There is no evidenced reasoning why more sessions from a different physical therapy center would change outcomes. Patient also already had reportedly completed PT of the L shoulder. There is no mention of home physical therapy of exercise. While PT may be beneficial in short term, continued home exercise and activity is needed for maintenance of improvement. Due to lack of evidence of any benefit from prior PT sessions, there is no evidence to support additional requested PT sessions. The request is thus not medically necessary.