

Case Number:	CM13-0022605		
Date Assigned:	03/26/2014	Date of Injury:	10/09/2011
Decision Date:	04/29/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/10/2013

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 patient is a 49-year-old male who reported an injury on 10/09/2011. The mechanism of injury involved a fall. The patient is currently diagnosed with cervical degenerative disc disease with radiculopathy, status post rotator cuff repair and manipulation under anesthesia, myospasm and myofascial trigger points, headaches, depression and fatigue. This is a retrospective request for physical therapy between 04/15/2013 and 07/26/2013 for the right shoulder. The patient completed 15 sessions of physical therapy between 04/15/2013 and 06/28/2013. The patient continued to report ongoing headaches as well as neck and shoulder pain. The patient continued to demonstrate spasms in the right shoulder with diminished strength. The patient then followed up with [REDACTED] on 06/28/2013. The patient continued to report right upper extremity radiating pain with acute neck and upper back pain. The patient also reported residual shoulder pain. Physical examination on that date revealed painful range of motion of the right shoulder. Treatment recommendations at that time included the continuation of physical therapy. The patient then completed an additional 5 sessions of physical therapy between 07/08/2013 and 07/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW FOR PHYSIOTHERAPY DOS: 4/15/13-7/26/13, 19 SESSIONS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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. Guidelines will allow for a fading of treatment frequency plus active, self-directed home physical medicine. Treatment for myalgia and myositis, unspecified, includes 9 to 10 visits over 8 weeks. As per the documentation submitted, the patient completed a substantial amount of physical therapy between 04/15/2013 and 06/28/2013. Despite ongoing treatment, there was no evidence of objective functional improvement. The patient continued to report persistent pain. Without evidence of objective functional improvement, the request cannot be supported. The retrospective request for physiotherapy, quantity 19, DOS 4/15/13 to 7/26/13 is not medically necessary and appropriate.