

Case Number:	CM13-0022937		
Date Assigned:	11/15/2013	Date of Injury:	01/25/2012
Decision Date:	03/17/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease 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 physician 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 48-year-old female who reported an injury on 01/25/2012. The patient is diagnosed with a lumbosacral sprain, lumbar disc displacement, and shoulder impingement syndrome. The patient was seen by [REDACTED] on 11/13/2013. Physical examination revealed positive straight leg raising, diminished lumbar range of motion, 2+ deep tendon reflexes, and a healed shoulder incision. Treatment recommendations include continuation of current medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio Therapy 2xWk x3Wks Right Shoulder &Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder and Low Back.

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

Decision rationale: California MTUS Guidelines state 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 allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical notes submitted, the patient has completed a course of physical therapy for the lumbar spine and right shoulder. Documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. Based on the clinical information received, the request is non-certified.