

Case Number:	CM13-0023242		
Date Assigned:	12/18/2013	Date of Injury:	06/06/2011
Decision Date:	04/21/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	09/12/2013

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 Illinois. 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 24-year-old female who reported an injury on 06/06/2011. The mechanism of injury was noted to be lifting cases of 2 liter bottles. The patient was diagnosed with sprain shoulder/arm unspecified. The patient's symptoms were not included in the medical records. Physical examination revealed a range of motion of the lumbar spine: Flexion 35 degrees, extension 9 degrees, side bending 23 degrees. Past medical treatment included 1 session of physical therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE BILATERAL SHOULDER AND LUMBAR SPINE, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

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

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

Decision rationale: According to the California Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine in the conditions of myalgia and myositis, unspecified at 9 to 10 visits and

neuralgia, neuritis, and radiculitis, unspecified at 8 to 10 visits. The most recent clinical note provided indicated the patient had deficits in pain, mobility, strength, endurance, and function. However, as the documentation provides evidence of the need for physical therapy to the lumbar spine, documentation failed to provide evidence to warrant the need for physical therapy of the shoulder. Therefore, the request is not supported. Given the above, the request for physical therapy to the bilateral shoulder and lumbar spine 2 times a week for 4 weeks is non-certified.