

Case Number:	CM13-0033637		
Date Assigned:	12/11/2013	Date of Injury:	09/04/2012
Decision Date:	02/27/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation and Sports 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 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 68-year-old female who reported injury on 09/04/2012. The mechanism of injury was stated to be that the patient tripped and fell on her outstretched hand on the left side. The patient was noted to be treated with physical therapy. The patient was noted to have a decreased range of motion in the left shoulder. The diagnoses were noted to include shoulder arthralgia and shoulder calcifying tendonitis. The request was made for physical therapy 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times per week for four (4) weeks in treatment to the left shoulder (Quantity 12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-88.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling

and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The patient indicated that she had difficulty with gripping, grasping, lifting, pulling, pushing, and activities of daily living. The patient was noted to have constant dull pain. The clinical documentation submitted for review indicated the patient had previous physical therapy but failed to provide the number of sessions. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Given the above and the lack of documentation of the functional benefit received from the prior physical therapy, the request for physical Therapy three (3) times a week for four (4) weeks in treatment to the left shoulder is not medically necessary.