

Case Number:	CM13-0033807		
Date Assigned:	12/06/2013	Date of Injury:	02/09/2012
Decision Date:	02/26/2014	UR Denial Date:	09/23/2013
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 Family Practice 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 47-year-old female who reported injury on 02/09/2012. The mechanism of injury was stated to be 5 crates of full product fell onto the patient's head and shoulder on the right side. The patient was noted to have pain that worsened with activity, especially twisting of the neck and shoulders. The patient was palpably tender over the lateral and posterior neck and shoulder girdle including the scalenes, trapezius, and other muscles. The patient was noted to have asymmetry in the sensory testing comparing the right to the left. The patient's diagnoses were noted to include shoulder sprain/strain, rotation cuff tear, shoulder pain, cervical sprain/strain, cervical radiculopathy, chronic pain syndrome and bicipital tendonitis. The request was made for 4 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 physical therapy sessions: 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): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and is 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. The clinical documentation submitted for review indicated the patient had 18 sessions of physical therapy postoperatively for a shoulder surgery. There was a lack of documentation indicating the patient's functional benefit received from the prior therapy. Additionally, as the patient had 18 sessions, the patient should be well versed in a home exercise program. Additionally, there was a lack of documentation indicating the body part that would be focused on during the physical therapy sessions. Given the above, the request for 4 physical therapy sessions is not medically necessary.