

Case Number:	CM13-0035894		
Date Assigned:	12/13/2013	Date of Injury:	05/16/2012
Decision Date:	02/05/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/18/2013

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 is licensed to practice in New York and 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 38-year-old male who reported an injury on May 16, 2012. The patient is diagnosed with a sprain and strain of the cervical spine with herniated disc, sprain and strain of the thoracic spine, sprain and strain of the lumbar spine, sprain and strain of the shoulder, numbness to bilateral lower extremities, inguinal strain, insomnia, and adjustment disorder with mixed anxiety and depression. The patient was seen by [REDACTED] on October 07, 2013. Physical examination revealed tenderness at the left groin and left shoulder area with decreased range of motion. The patient also demonstrated tenderness in the acromioclavicular joint and upper trapezius on the left. Treatment recommendations included continuation of acupuncture therapy, continuation of current medications and a request for an orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for six (6) additional Physical Therapy session for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): s 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: The 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, additional physical therapy for the left shoulder was requested on September 05, 2013. The patient's physical examination at that time indicated positive AC joint and bicipital groove tenderness and slightly diminished range of motion. Documentation of the previous course of physical therapy with treatment duration and efficacy was not provided for review. Therefore, request for six (6) additional Physical Therapy session for the left shoulder is not medically necessary and appropriate.