

Case Number:	CM13-0038318		
Date Assigned:	12/18/2013	Date of Injury:	11/11/2005
Decision Date:	03/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	09/30/2013

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 Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 49-year-old male with date of injury 11/11/2005. His listed diagnoses are impingement of left shoulder and complex regional pain syndrome (CRPS) of left upper extremity. Presenting symptoms are right shoulder pain 8/10 and left shoulder pain 8/10. Examination showed positive impingement maneuvers on the left side with a restricted range of motion, and positive cervical compression on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left upper extremity (8 visits): Overturned

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

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

Decision rationale: This patient presents with persistent bilateral shoulder pains. The MTUS Guidelines state that for reflex sympathetic dystrophy or CRPS, a condition that this patient suffers from, 24 visits of therapy over 16 weeks are recommended. Based on review of the reports provided, the requested 8 sessions of physical therapy are appropriate to help address this

patient's chronic pain, particularly that of CRPS. The MTUS Guidelines allow physical therapy for functional restoration. Therefore, the requested physical therapy is medically necessary and appropriate.