

Case Number:	CM13-0038337		
Date Assigned:	12/18/2013	Date of Injury:	08/01/1992
Decision Date:	02/10/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/25/2013

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 Oklahoma 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 50-year-old female who reported an injury on 08/01/1992. The mechanism of injury was not provided for review. The patient reportedly injured her left shoulder and left arm. The patient underwent an MRI that revealed multilevel disc bulging. MRI of the shoulder revealed degenerative changes to the acromioclavicular joint. The patient also underwent an EMG/NCV that did not reveal any abnormalities. The patient's pain was managed with medications to include Cymbalta, Percocet, and vitamin D. The patient had recently participated in 12 physical therapy treatments that included instruction in a home exercise program. The patient's most recent clinical examination findings included range of motion described as 170 degrees in flexion, 75 degrees in external rotation, and hand behind the back reaching to the T8-9 level. The patient continued to complain of posterior shoulder pain with minimal tenderness to palpation at the left rotator cuff. The patient's diagnoses included left shoulder pain, left arm pain, headaches, cervicgia with radiculopathy, thoracic outlet syndrome, and opioid-induced constipation. The patient's treatment plan included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for a month: Upheld

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

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

Decision rationale: The requested additional physical therapy for a month is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence the patient has recently undergone 12 treatments of physical therapy. California Medical Treatment Utilization Schedule recommends patients be transitioned into home exercise programs to maintain functional improvement obtained in supervised skilled physical therapy. The clinical documentation submitted for review does provide evidence that the patient has been educated in a home exercise program. There are no barriers noted within the documentation to preclude further progress of the patient while participating in a home exercise program. As such, the requested additional physical therapy for a month is not medically necessary or appropriate.