

Case Number:	CM13-0039373		
Date Assigned:	01/15/2014	Date of Injury:	03/09/2013
Decision Date:	04/11/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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 expert 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 injured worker was seen by her primary treating physician on 10/15/13 with complaints of low back and leg pain, with both good and bad days. Her physical exam showed cervical spine tenderness with decreased range of motion. Her right shoulder was tender with positive impingement and decreased range of motion. Her left wrist showed a positive Tinel's sign. She had tenderness and guarding of her low back and her right elbow had medial tenderness. Her diagnoses included cervical spine strain with radiculopathy, impingement of her right shoulder and left shoulder ligamentous sprain, bilateral carpal tunnel syndrome, lumbar spine sprain, strain and radiculitis and cubital canal syndrome right elbow. She had been previously seen by an orthopedic physician who diagnosed a left shoulder strain and recommended physical therapy visits for her affected areas which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS FOR THE LEFT SHOULDER, 3 TIMES A WEEK FOR 4 WEEKS: Upheld

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

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

Decision rationale: The MTUS Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In the case of this injured worker, her left shoulder has a strain and the focus of her physical exams and history was on other joints and her spine. The records request the therapy, but do not detail if the therapy is targeting pain or function. The records do not provide justification for the medical necessity of 12 sessions of physical therapy to her left shoulder. The request is noncertified.