

Case Number:	CM13-0042911		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2011
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/21/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 54-year-old female who reported an injury on 07/30/2011. The patient is diagnosed with joint pain in the shoulder and cervical disc degeneration. The patient was seen by [REDACTED] on 10/02/2013. The patient reported ongoing headaches with photosensitivity and phonophobia, as well as difficulty with memory and expressing thoughts. The patient also reported right shoulder pain. The patient was compliant with exercises and stretches, as learned from physical therapy. Physical examination revealed a non-antalgic gait. Treatment recommendations included continuation of home exercise program, and await determination for additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 sessions: Upheld

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

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

Decision rationale: 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 plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in a course of physical therapy. Documentation of a significant functional improvement following the initial course was not provided. Additionally, range of motion, functional deficits, and motor deficits are not documented on physical examination. The patient has been instructed on a home exercise program. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.