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| Case Number: | CM13-0044209 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/16/2012 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 10/21/2013 |
| 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 Physical Medicine and Rehabilitation, 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 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 is a 32-year-old female who reported an injury on 11/16/12. The mechanism of injury was not provided in the records provided for review. On 5/12/14 the injured worker presented with left shoulder pain. Upon examination the right upper extremity was positive for tenderness with range of motion, and the range of motion for the right shoulder abduction was 130 degrees and forward flexion of 140 degrees. The diagnoses were rotator cuff syndrome, other joint derangement, other affections shoulder, and pain in joint of the shoulder. Prior therapy included physical therapy and medications. The provider recommended nine sessions of lumbar physical therapy (epidural steroid injection rehab).

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR PHYSICAL THERAPY (EPIDURAL STEROID INJECTION REHAB) RX 9-19-13 QUANTITY 9.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, functioning, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. The amount of physical therapy visits that have already been completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home. There is no significant barrier to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.