

Case Number:	CM13-0046093		
Date Assigned:	02/20/2014	Date of Injury:	03/13/2010
Decision Date:	04/25/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 patient is a 53 year-old male with a date of injury of 03/13/2010. The listed diagnoses per [REDACTED] are: 1. Fracture, facial bones-closed 2. Contusion-face, mouth and neck 3. Right shoulder contusion/strain 4. Head injury 5. Cervical strain 6. Left shoulder pain According to report dated 10/23/2013 by [REDACTED], the patient presents with pain and stiffness in the face, mouth, neck, right trapezius and right shoulder. Patient describes the pain as constant, severe and 6-7/10 on a pain scale. The patient also complains of numbness and tingling in his right and left hands. Patient's medication includes Tramadol and Naproxen. Examination revealed mild pain with limited ROM of the right and left shoulders. The neck was noted to reveal mild tenderness to palpation to the right side. There is full range of motion with pain. This patient is status post right shoulder surgery dated December 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR A TOTAL OF 6 VISITS (3 TIMES PER WEEK FOR 2 WEEKS): Upheld

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

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

Decision rationale: Patient presents with pain and stiffness in the face, mouth, neck, right trapezius and right shoulder. The treater is requesting a course of 6 physical therapy sessions. For physical medicine, the MTUS guidelines pg 98, 99 recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Final Determination Letter for IMR Case Number CM13-0046093 4 The progress reports provided for review do not clarify the number of physical therapy sessions this patient has had in the past; however, Utilization review dated 10/28/2013 indicates total number of physical therapy received to date is 60. In November 2012 patient was noted to have completed a course of 6 sessions of physical therapy. Report dated 11/28/2012 states, "he has failed to improve with physical therapy." It appears the patient has not had any formalized physical therapy in 2013. Progress reports dated 06/21/2013, 06/07/2013, 07/18/2013, 07/12/2013 and 09/13/2013 indicates patient's current treatment includes a home exercise program. The treater in his request for 6 sessions does not provide why he is requesting formalized physical therapy (PT) when the patient has been participating in a HEP. There is no noted flare-up or indication of a new injury to warrant additional PT. In this case, after 60 sessions of physical therapy the patient should now be well-versed with the exercise regimen and should continue in the self-directed home exercise program to address any residual complaints. Recommendation is for denial.