

Case Number:	CM13-0047897		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2013
Decision Date:	03/06/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Practice, and is licensed to practice in 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 was a 56-year-old male who reported an injury on 04/11/2013, resulting from intermittent lifting and carrying objects which weighed from 10 to 100 pounds. Documentation dated 09/17/2013 indicates the patient had bilateral shoulder pain, pain in his neck, and pain in his left wrist with numbness and tingling in his digits. The documentation noted the patient attended a course of physical therapy treatments. The outcome of such treatment was not submitted for review. Upon physical examination on 09/17/2013, the patient's right shoulder range of motion was as follows: 120 degrees with abduction, 30 degrees with internal rotation, and positive impingement sign. The patient's left shoulder range of motion was noted as 135 degrees with abduction, 40 degrees impairment rating, and positive impingement sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks for the bilateral shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The request for physical therapy 2 times a week for 4 weeks for the bilateral shoulders is non-certified. California MTUS Guidelines recommend active therapy be based on the philosophy that therapeutic exercises or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Documentation submitted for review noted the patient had decreased range of motion to bilateral shoulders; however, the patient previously participated in a physical therapy program with unknown outcome. Objective findings of improvement with the physical therapy program are necessary to evaluate the efficacy of such a program. It was further noted the documentation submitted for review did not have a relation to the patient's ADLs and his functional ability with his bilateral shoulders. On the documentation dated 09/17/2013, it is documented the patient was recommended to participate in a home exercise program, stretching, continue medications, and be evaluated with an MRI. The California Guidelines state up to 10 visits for patients with neuralgia or myalgia. Given the patient previously participated in a physical therapy program for an unspecified number of sessions, the additional 8 sessions would exceed guideline recommendations. As there were no extenuating circumstances submitted for review for the additional sessions of physical therapy, additional physical therapy is not indicated. Given the information submitted for review, the request for physical therapy 2 times a week for 4 weeks for the bilateral shoulders is non-certified.