

Case Number:	CM13-0055988		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2012
Decision Date:	03/31/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

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 Internal Medicine and Pulmonary Disease 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 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 44-year-old female who reported an injury on 01/20/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with a lumbar strain, cervical strain, shoulder impingement syndrome, and ankle pain. The patient was seen by [REDACTED] on 11/07/2013. The patient reported ongoing pain over multiple areas of the body. Physical examination was not provided on that date. The treatment recommendations included authorization for physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 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 frequency plus active self-directed home physical medicine. As per the

documentation submitted, the patient has previously participated in a course of physical therapy. However, there was no documentation of objective measurable improvement provided for review. The patient's physical examination was not documented on the requesting date of 11/07/2013. Additionally, the current request exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received, the request is noncertified.