

Case Number:	CM13-0056594		
Date Assigned:	12/30/2013	Date of Injury:	12/13/2012
Decision Date:	03/31/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 60-year-old male who reported an injury on 12/13/2012 after he was carrying plywood, which caused a sudden onset of pain in his neck and right shoulder. The patient's treatment history included physical therapy, medications and injection therapy. The patient's most recent clinical findings included diffuse tenderness throughout the neck and right shoulder, tenderness to palpation along the collar bone and upper trapezius and lateral aspect of the shoulder with increased pain along the pectoralis muscle on the right side. The patient's diagnoses included multilevel spondylosis, right shoulder pain with impingement and a right-sided pectoralis tendon injury. The patient's treatment plan included referral to a pain management specialist for consideration of cervical spine epidural injections, continued medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy for right shoulder two times a week for six weeks: Upheld

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

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

Decision rationale: The requested outpatient physical therapy for the right shoulder at 2 times a week for 6 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that patients who have participated in previous physical therapy be transitioned into a home exercise program to maintain improvement levels obtained while participating in supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program to assist with pain control. The clinical documentation does indicate that the patient has previously participated in physical therapy; however, the efficacy of that therapy was not provided within the documentation. Therefore, a short course of treatment to educate and re-establish the patient in a home exercise program would be appropriate. However, the requested 2 times a week for 6 weeks would be considered excessive. As such, the requested outpatient physical therapy for the right shoulder at 2 times a week for 6 weeks is not medically necessary or appropriate.