

Case Number:	CM13-0058157		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2013
Decision Date:	05/02/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/26/2013

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 & Rehabilitation, 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:

This is a 42 year-old female who was injured on 7/16/2013. She works as a housekeeper and injured shoulders from lifting heavy linens. She has been diagnosed with cervical strain; muscle spasm; and strain/sprain of shoulders. According to the 10/11/13 orthopedic report from [REDACTED], she presents with right shoulder pain after feeling a pop in the right shoulder from heavy lifting. The report may have some typographical errors as the right shoulder motion appears normal, and left is slightly decreased, and the left shoulder has impingement signs, and AC tenderness. The plan was for cortisone injections and PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR CERVICAL SPINE AND RIGHT SHOULDER (12 SESSIONS): Upheld

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

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

Decision rationale: The patient presents with right shoulder and neck pain. The orthopedist has provided a subacromial injection on 10/11/13 and recommended PT twice a week for three weeks. The progress notes from 8/7/13 state the patient was to continued PT, and the 8/14/13 progress report requested an additional course of PT. The 9/24/13 report states the patient completed the PT but did not mention any improvement, the plan was try acupuncture and sent out for the orthopedic consultation. The MTUS guidelines recommend 8-10 sessions of PT for various myalgias or neuralgias. The request for 12 PT sessions when combined with the prior 6 PT sessions will exceed the MTUS guidelines.