

Case Number:	CM13-0059883		
Date Assigned:	12/30/2013	Date of Injury:	07/29/2013
Decision Date:	05/15/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 72-year-old female who reported an injury on 07/29/2013. The mechanism of injury was the injured worker had to lift items to scan them as there was no conveyor belt at checkout. The documentation of 11/12/2013 revealed the injured worker had been treated with physical therapy. The motor strength was 5/5. Deep tendon reflexes were 2+ bilaterally in the biceps, triceps, and brachial radialis, and the sensation was intact to light touch and pinprick in all dermatomes of the bilateral upper extremities with 2+ discrimination that was normal. The recommendation was for continued physical therapy. The diagnosis was osteoarthritis NOS of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The

clinical documentation submitted for review indicated the injured worker had previously been treated with physical therapy. There was lack of documentation of objective functional deficits to support the necessity for ongoing therapy. Additionally, there was lack of documentation indicating the quantity of sessions that had previously been attended. Given the above, the request for outpatient additional physical therapy 2 times a week for 4 weeks to the left shoulder is not medically necessary and appropriate.