

Case Number:	CM13-0060860		
Date Assigned:	12/30/2013	Date of Injury:	09/18/2012
Decision Date:	04/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

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 & Rehabilitation 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 is a 30-year-old female who reported injury on 09/18/2012. The mechanism of injury was a cumulative trauma. The physical examination on 09/04/2013 revealed the patient had decreased range of motion with impingement findings. The patient had an MRI on 08/21/2013 which revealed the patient had a hypertrophy of the acromioclavicular joint, causing impingement to the rotator cuff space. There were signal changes in the tendon, but no actual full-thickness tear. There was no retraction. The request was made for physical therapy to begin the exercise strengthening program. Subsequent documentation dated 09/24/2013 revealed the patient was being referred back to the physical therapist for development of an education exercise program regarding the right shoulder, and the patient was released to return to work without restrictions. The request was made for physical therapy. The patient's diagnoses were noted to include myoligamentous sprain/strain of the cervical and lumbar spine, and sprain/strain of the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the shoulders (3 time/week for 4-6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines indicate that physical medicine with passive therapy is recommended with a maximum of 9 to 10 visits for myalgia and myositis. Clinical documentation submitted for review indicated the patient had prior physical therapy. It was indicated the patient should return to the physical therapist for an education exercise program. The patient should be well-versed in a home exercise program if they were to return for an education on an exercise program. There was a lack of documentation indicating the number of sessions the patient previously attended. There was a lack of documentation indicating the patient had objective functional deficits to support ongoing therapy. Given the above and the lack of documentation, the request for physical therapy 3 times a week for 4 to 6 weeks to bilateral shoulders is not medically necessary.