

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0061104 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 07/09/2013 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 10/16/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

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 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 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 59-year-old who reported an injury on July 9, 2013. The mechanism of injury was noted to be a fall. The injured worker's prior treatments were noted to be home exercises, physical therapy, chiropractic therapy, acupuncture, injections, and medications. The injured worker's diagnosis was noted to be sprain/strain of the upper arm and shoulder. The injured worker had a clinical evaluation on September 26, 2013. The injured worker complained of pain and limited mobility in his left shoulder. The pain extended up into his neck. He indicated difficulty with sleeping due to pain in his shoulder. He denied numbness in the arm. The physical examination noted mildly decreased range of motion of his cervical spine with some pain. There was slight trapezial, paracervical, and parascapular tenderness on the left. There was a 3 cm mobile soft tissue mass over the posterior aspect of the left axilla, which is minimally tender. The Spurling's test was negative. The provocative maneuvers for thoracic outlet syndrome were negative. Left shoulder range of motion with flexion was 90 degrees, extension 20 degrees, external rotation 30 degrees, internal rotation 10 degrees, abduction 60 degrees, and adduction 40 degrees. The treatment plan included a recommendation for physical therapy for gradual strengthening. In addition, the injured worker was recommended a nonsteroidal anti-inflammatory medication and lotion to decrease his pain, swelling, and inflammation. The provider's rationale for the requested physical therapy was provided within the documentation. The Request for Authorization for medical treatment was provided and dated July 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend physical medicine. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The physical medicine guidelines allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical medicine. The guidelines provide nine to ten visits over eight weeks. The documentation provided indicates previous physical therapy. However, it is unclear how many visits have been used. The clinical evaluation does not indicate efficacy of prior treatment. In addition, the clinical evaluation fails to provide measurable objective functional deficits. The physical findings lack range of motion values and motor strength numbers. Therefore, the request for six sessions of physical therapy for the left shoulder is not medically necessary or appropriate.