

Case Number:	CM13-0062501		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2013
Decision Date:	04/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/06/2013

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 Orthopedic Surgery and Hand Surgery, 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 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 patient is a 42-year-old female who reported an injury on 6/12/13. The mechanism of injury was a fall. He was diagnosed with a left shoulder contusion and left rotator cuff syndrome. His symptoms were noted to include mild left scalene and pectoralis minor tenderness, positive costoclavicular abduction test, left shoulder range of motion of 150 degrees of abduction, and persistent left upper extremity weakness. It was noted that the patient had completed 16 physical therapy sessions with functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 ADDITIONAL VISITS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the California MTUS guidelines, physical therapy is recommended in the treatment of unspecified myalgia and myositis at 9-10 visits over eight weeks. The clinical information submitted for review indicated that the patient previously completed 16 physical therapy sessions with functional gains. However, as the patient was noted

to have previously completed 16 visits, the request for 18 additional physical therapy visits for a total of 34 visits would far exceed the guidelines' recommended 9-10 visits. Therefore, as the documentation did not provide any rationale or evidence of exceptional factors to warrant physical therapy beyond the guideline recommendations, continued visits are not supported.