

Case Number:	CM13-0062782		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2007
Decision Date:	04/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 50-year-old female who reported an injury on 09/01/2007. The mechanism of injury was repetitively and forcefully using her upper extremities and hanging clothes and things of that sort. The note dated 11/14/2013 indicated the patient reported pain that continued in the left shoulder, which was getting worse. Upon examination, it is noted that the range of motion of the left shoulder was limited in backward extension. There was tenderness to palpation to the left shoulder and upper arm. It was noted the patient had popping over the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional physical therapy sessions: Upheld

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

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

Decision rationale: The request for 12 additional physical therapy sessions is non-certified. The MTUS guidelines indicate that active therapy is based on the philosophy that the therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. In addition, the MTUS guidelines indicate that

for myalgia and myositis, it is recommended the patient receive 9 to 10 visits of physical therapy over 8 weeks. However, the records submitted for review failed to include documentation of objective findings of measurable functional deficits to support physical therapy. In addition, the records submitted for review failed to include documentation of the number of visits the employee has completed of physical therapy and documentation of objective functional improvement to support additional physical therapy. As such, the request for 12 additional physical therapies is not supported. Therefore, the request is non-certified.