

Case Number:	CM13-0062935		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2013
Decision Date:	03/28/2014	UR Denial Date:	11/12/2013
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 Family Medicine 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 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:

This injured worker's date of injury was 05/13 /'13. The patient is being treated for chronic shoulder pain and low back pain. The treating physician is requesting Physical Therapy 2xWk x 6wks Lumbar Spine and Left Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the lumbar spine and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: The treating physician's note dated 10/17/'13 states the patient demonstrates signs of an impingement syndrome of the left shoulder and had a positive straight leg raising test on the left side. The patient received 12 sessions of physical therapy previously. There was no new clinical information presented that would justify certifying additional physical therapy beyond the guidelines. Based on the documentation in this case, the request for additional physical therapy is non-certified.