

Case Number:	CM13-0063973		
Date Assigned:	01/03/2014	Date of Injury:	06/26/2013
Decision Date:	10/17/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 39-year-old male who sustained a work injury on June 26, 2013 involving the neck and shoulders. He was diagnosed with lumbar, thoracic, cervical and right shoulder strains. He had used oral analgesics and was previously prescribed chiropractic treatments. By October 2013 he had completed six sessions of physical therapy. A progress note from the therapist on October 10, 2013 had noted that the claimant had received electrical stimulation, ultrasound therapy, biofeedback, therapeutic exercises and cold packs. Examination findings were not noted. A month later and additional request was made for physical therapy of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their

associated recommendation for number of visits; myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) , 24 visits over 16 weeks. In this case claimant had already completed six sessions of therapy. The additional request for therapy did not include an amount of sessions. There was no documentation of improvement in physical functionality. Therefore the request for additional for physical therapy of the shoulder is not medically necessary.