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| Case Number: | CM13-0065642 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 09/12/2013 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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, has a subspecialty in Interventional Spine, 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 is a 32 year-old female who was injured on 9/12/13 when she was lifting a box overhead. According to the 11/27/13 report from [REDACTED], the patient presents with intermittent neck and right shoulder pain with some numbness into the lateral forearm and thumb on the right side. The diagnoses include cervical sprain with radicular complaints; right shoulder strain with partial rotator cuff tear. The physician asks for PT for the right shoulder. On 12/2/13 UR denied the request for 8 additional PT sessions, stating that the patient had 12 sessions authorized and there was no documentation of functional improvement. On the 11/13/13 report, [REDACTED] stated the patient initially had chiropractic treatment, and that [REDACTED] recommended PT, but as of 11/13/13, the patient had not had PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 8 additional physical therapy visits for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: The patient presents with intermittent neck and right shoulder pain. The records do not mention PT other than stating it was recommended, but the patient had not had PT as of 11/13/13. The records show the patient was initially treated with chiropractic care. The UR letter stated the patient was authorized for 12 PT sessions, but did not provide details of when the PT was authorized, or whether or not the patient attended the PT. The MTUS Chronic Pain Guidelines allow for 8-10 sessions of PT for various myalgias and neuralgias. Based on the medical report dated 11/13/13, the patient did not have PT. The request for 8 physical therapy visits for the right shoulder is medically necessary and appropriate.