

Case Number:	CM13-0068413		
Date Assigned:	01/03/2014	Date of Injury:	03/31/2012
Decision Date:	12/18/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 39 year old female with a work injury dated 3/31/12. The diagnosis include status post right shoulder with residuals, left shoulder derangement,/sprain; left cervical spine and lumbar spine strain/sprain; upper and lower extremity radicular pain. Under consideration is a request for physical therapy for the left shoulder, lumbar spine, and cervical spine, twice per week for six weeks. An 8/22/13 document states that due to the injury the patient has low back pain, neck pain and stiffness and shoulder and arm pain. On exam there is cervical paraspinal tenderness. There is positive shoulder depression; positive cervical and hypercervical compression tests. There is right rotator cuff tenderness. There is decreased shoulder range of motion bilaterally. There is tenderness to palpation over the bilateral SI joint sciatic notch. Positive SLR at 70 degrees. Positive Patrick/FABERE. Bilateral knee flexion and extension are 4/5. The treatment plan includes requesting physical therapy two times a week for six weeks regarding her cervical and 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 FOR THE LEFT SHOULDER, LEFT SPINE, AND C SPINE, TWICE PER WEEK FOR SIX WEEKS: Upheld

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

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

Decision rationale: Physical therapy for the left shoulder, lumbar spine, and cervical spine, twice per week for six weeks weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request exceeds this recommendation without any extenuating reasons to have additional supervised therapy visits. Furthermore, the documentation indicates that the patient has had prior Physical Therapy (PT). The documentation is not clear on the amount of prior therapy or the outcome and functional improvement made from prior therapy sessions . Therefore, the request for physical therapy is not medically necessary.