

Case Number:	CM13-0069384		
Date Assigned:	01/03/2014	Date of Injury:	07/01/2002
Decision Date:	05/22/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/20/2013

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 Orthopedic Surgery, 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 injured worker is a 52 year-old female who reported an injury on 07/01/2002 and the mechanism of injury was not provided in the medical records. The clinical note from 08/09/2013 indicated that the injured worker had a previous history of cervical surgery, carpal tunnel surgery and shoulder surgery and the dates were not provided. The injured worker currently works for the judicial system. The injured worker reported that most recently she had increasing pain in her neck, shoulders, and upper extremities. She indicated it was related to increased stress at work. The physical examination indicated tightness in the paraspinal musculature as well as diminished range of motion of both the right shoulder and neck. The treatment plan included 12 visits of physical therapy and refills of her medications. The current request is for physical therapy 2 times 6 for 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 2 TIMES 6 FOR THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that for physical medicine it allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The recommended number of visits for myalgia and myositis, unspecified is 9-10 visits over 8 weeks. The medical documentation provided was unclear as to why the physical therapy was being requested. The physical exam noted tightness in the paraspinal musculature as well as diminished range of motion of both the right shoulder and neck. However, it did not provide functional deficits that would indicate the need for physical therapy. The documentation did not indicate if the patient had completed previous sessions of physical therapy and if functional improvements were made. The current request for physical therapy 2 times 6 for the right shoulder exceeds the MTUS Chronic Pain Guidelines' recommendation of 9-10 visits over 8 weeks. As such, the request for physical therapy 2 times 6 for the right shoulder is not medically necessary and appropriate.