

Case Number:	CM13-0071268		
Date Assigned:	01/08/2014	Date of Injury:	12/02/1994
Decision Date:	04/28/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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 Georgia and Texas. 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 55-year-old female who reported an injury on 12/02/1994, due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to her cervical spine, lumbar spine, and underwent emotional distress. The patient's treatment history included lumbar fusion at the L4-5 and L5-S1 in 2000. The patient's most recent clinical evaluation documented that the patient had continued significant pain in her neck, thoracic and low back areas. It was documented that the patient's pain was rated at 4/10 that increased to 8/10 with activities. The patient's physical findings included reduced range of motion of the lumbar spine. The patient's diagnoses included bilateral carpal tunnel syndrome, chronic mid to lower back pain, and chronic left shoulder pain. The patient's treatment plan included an MRI of the thoracic spine, x-rays of the lumbar spine, and 8 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Additional Physical Therapy Sessions for the left shoulder, two (2) times a week for four (4) weeks as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), <http://www.acoempraguides.org/Shoulder>.

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

Decision rationale: The requested 8 additional physical therapy visits for the left shoulder 2 times a week for 4 weeks as an outpatient is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has previously received physical therapy. The California Medical Treatment Utilization Schedule recommends patients to be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the patient is not participating in a home exercise program. Therefore, 1 to 2 visits would be appropriate for this patient to re-establish and re-educate the patient in a home exercise program. However, the requested 8 visits would be considered excessive. As such, the requested 8 additional physical therapy for the left shoulder 2 times a week for 4 weeks as an outpatient is not medically necessary or appropriate.