

Case Number:	CM13-0072075		
Date Assigned:	01/17/2014	Date of Injury:	02/26/2013
Decision Date:	04/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 61 year old female with an injury date on 02/26/13. Based on the 11/08/13 progress report provided by [REDACTED] the patient is diagnosed with left shoulder pain and the "physical therapy is helping." However, there is no other documentation of physical therapy. An x-ray of the left shoulder completed on 03/01/13 revealed that the "coracoclavicular joint is wider than expected and postoperative status is identified with amputation of the distal 3 cm of the clavicle."

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR A PHYSICAL THERAPY EVALUATION AND TREATMENT, TWO (2) TIMES A WEEK FOR SIX (6) WEEKS TO THE LEFT SHOULDER: Upheld

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

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

Decision rationale: According to the 11/08/13 progress report, the patient presents with left shoulder pain. The request is for physical therapy evaluation and treatment twice weekly for 6

(total of 12 physical therapy visits) for the left shoulder. Review of the reports shows no previous therapy reports to verify treatment history. There is no indication of how many physical therapy treatments the patient went thru nor is there a time frame of how long the patient had physical therapy for. The request was denied by utilization review letter dated 12/11/13. The rationale was that there was no "documentation of functional benefit from completed physical therapy or functional goals supporting additional physical therapy." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician has asked for 12 total sessions of therapy for the patient's left shoulder. Given the lack of recent therapy treatments, a short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 12 sessions exceeds what is allowed per MTUS. Recommendation is for denial.