

Case Number:	CM13-0072301		
Date Assigned:	01/08/2014	Date of Injury:	11/13/2009
Decision Date:	06/05/2014	UR Denial Date:	12/23/2013
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 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 39 year old male that reported a continuous lifting injury to his left shoulder on 11/13/2008. Within the clinical note dated 7/31/2013 the injured worker reported he completed physical therapy and that it was not helpful and is limited in his activities of daily living. The injured worker reported intermittent pain in his neck traveling to his left shoulder and rated the pain as a 1/10 while taking medication. The active range of motion in the left shoulder showed no functional deficit in any angles with negative Phalen's test and negative Tinnel's signs. The injured worker's active range of motion in the cervical spine was flexion 45 degrees; extension 45 degrees; rotation 60 degrees; and lateral tilt/flex 40-45 degrees. The request for authorization was not found within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 12 SESSIONS OF PHYSIOTHERAPY FOR THE CERVICAL SPINE AND LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In addition, physical therapy is used in the presence of an objective functional deficit. Furthermore, the number of sessions for myalgia and myositis is limited to 9-10 visits over 8 weeks and for Neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The injured worker in the physical exam showed no signs of a functional deficit in the shoulder and very limited functional deficit in the cervical spine. Moreover, the injured worker reported having completed physical therapy in the past which was unsuccessful and it is unclear how many sessions were completed. In addition, the request for 12 sessions exceeds the recommended sessions per guidelines. The request for 12 sessions of physiotherapy for the cervical spine and left shoulder is not medically necessary and appropriate.