

Case Number:	CM14-0001932		
Date Assigned:	01/24/2014	Date of Injury:	07/02/2012
Decision Date:	06/16/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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 patient is an employee of [REDACTED] and has submitted a claim for Joint Pain Shoulder and Myalgia associated with an industrial injury date of July 2, 2012. Treatment to date has included physical therapy, TENS, acupuncture, chiropractic and pain medications. Medical records from 2013 to 2014 were reviewed showing that the patient has been complaining of pain in the left shoulder described as aching, nagging, throbbing which was intermittent graded 5/10. Pain was aggravated by activities involving the left arm; and alleviated by pain medication and physical therapy. Physical examination shows tight paraspinal muscle at C6-C7, as well as the trapezius muscle. Utilization review from December 24, 2013 denied the request for additional PT for shoulders 2 visits per week for 4 weeks because there was no evidence of functional benefit derived from previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL PHYSICAL THERAPY FOR THE SHOULDERS , 2 VISITS PER WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT)..

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114,Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Page 114 of the CA MTUS ACOEM Guidelines stresses the importance of time-limited treatment plan with clearly defined functional goals. Pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines state that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient completed 8 sessions of physical therapy since 2013. Although physical therapy alleviated the pain, there was no evidence of functional improvement from the previous sessions. The patient should be well versed in a home exercise program by now. Furthermore, there is no documented definite functional goal that should be achieved with the patient's re-enrollment to this program. Therefore, the request for additional physical therapy for the shoulders , 2 visits per week for 4 weeks is not medically necessary.