

Case Number:	CM14-0003631		
Date Assigned:	01/31/2014	Date of Injury:	05/02/2013
Decision Date:	08/08/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 Illinois. 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 34-year-old female who reported an injury on 05/20/2013 due to a coffee maker falling on her left shoulder. The injured worker had a history of lower back pain and left shoulder pain. The injured worker had a diagnosis of left shoulder internal derangement and lower back pain. Per the clinical notes, a CT scan was performed in 05/2013 and an MRI of unknown findings. The objective findings dated 08/23/2013 revealed the lumbar spine with no spondylosis, spondylolisthesis, fracture, or dislocation. Straight leg raise was negative. Range of motion of the back was flexion at 41 degrees and extension 5 degrees. Paraspinal tenderness was noted. Deep tendon reflexes were 2/2+. The clinical note on 08/23/2013 revealed the left shoulder with Neer's and Hawkins/Kennedy impingement test were positive on the left. Muscle strength of the flexor was 3+/5 to 4-/5 on the left with range of motion in flexion 124 degrees, extension 52 degrees, and abduction 102 degrees. The medication noted was Hydrocodone 10/325 mg and Cyclobenzaprine 7.5 mg with no VAS given. Past treatments included 8 sessions of physical therapy dated 05/2013 with a report no noted relief, however the injured worker returned to work on 10/23/2014. The treatment plan included a repeat of the MRI. The request for authorization was 01/31/2014 that was submitted within the documentation. The request for authorization dated 01/31/2014 was submitted within the documentation. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE LEFT SHOULDER AND LUMBAR SPINE: 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 California MTUS Guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. The injured workers are instructed and expected to continue active therapy at home as an extension of treatment progress in order to maintain improvement levels. Home exercise can include exercise with or without manual assistance or resistance and functional activity with assistive devices. For neuralgia, neuritis, and radiculitis unspecified, the visits are 8 to 10 visits over 4 weeks. It was noted the injured worker had previous sessions of physical therapy without any improvement and did not show any improvement. The clinical notes were not clear on the number of visits the injured worker completed. The injured worker had returned to work on 12/04/2013. As such, the request is non-certified.