

Case Number:	CM14-0003692		
Date Assigned:	01/31/2014	Date of Injury:	09/02/2011
Decision Date:	07/29/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 09/02/2011, secondary to an unspecified mechanism of injury. His diagnoses include left shoulder tendonitis, a cervical spine musculoligamentous injury, and a lumbar spine musculoligamentous injury. Previous treatments for this injury were noted to include medication management. The injured worker was evaluated on 11/14/2013 and reported an exacerbation of pain in the left shoulder with decreased function. He also reported pain in the cervical spine and lumbar spine with radiation of pain, stiffness and weakness. He reported that the medications only helped to control pain temporarily. On physical examination, the injured worker was noted to have tenderness upon palpation of the left shoulder, cervical spine and lumbar spine. He was also noted to have limited range of motion of the left shoulder, cervical spine and lumbar spine. The injured worker was recommended for medications, a surgical consultation to rule out left shoulder surgery, and physical therapy 2 times weekly for 3 weeks for the left shoulder. The documentation submitted for review failed to provide a Request for Authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, two (2) times a week, for three (3) weeks: Upheld

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

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

Decision rationale: The California MTUS Guidelines may recommend an initial trial of physical therapy for restoring flexibility, strength, function and range of motion. These guidelines may support additional physical therapy with documentation of significant functional improvement achieved with the initial trial of physical therapy. The most recent clinical note indicated that the injured worker had limited range of motion of the left shoulder, cervical spine and lumbar spine. There was a lack of evidence that indicated the injured worker had significant functional deficits with regards to specific strength and range of motion values. Therefore, it cannot be determined that the injured worker would benefit significantly from treatment with physical therapy. Additionally, the medical records submitted for review failed to provide information regarding previous physical therapy treatment for this chronic pain condition. Furthermore, the request as written does not specify the anatomical site for treatment with physical therapy. As such, the request for physical therapy 2 times a week for 3 weeks is not medically necessary.