

Case Number:	CM14-0003835		
Date Assigned:	02/03/2014	Date of Injury:	02/25/2013
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/10/2014

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 Internal Medicine 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 reported injury on 02/25/2013. The mechanism of injury was the injured worker was standing on a ladder placing rotors on a back shelf and the injured worker placed 1 rotor back and was placing the second back when the box failed and started to fall towards the injured worker. The injured worker grabbed the box with the right arm and held onto it to prevent it from falling or striking him and in doing so the injured worker twisted his right shoulder and back. The documentation of 12/16/2013 and the documentation of 11/21/2013 per the physical therapist, the injured worker reported the shoulder felt better but lumbar spine was painful. The treatment plan included the injured worker needed additional authorized continuation of physical therapy. The documentation of 12/16/2013 revealed the injured worker had right shoulder impingement. The injured worker had a normal gait. The injured worker had tenderness of the lumbar spine and tenderness of the shoulder. The diagnoses included lumbar spine sprain and strain, and right sciatica as well as right shoulder muscular calcification and ossification. The treatment plan included physical therapy for the right shoulder and lumbar spine 2 times a week for 4 weeks. The rest of the note was handwritten and difficult to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine.

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

Decision rationale: The California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy; however, there was a lack of documentation of the quantity of sessions that were attended. There was a lack of documentation of objective functional deficits that remain to support the necessity for ongoing therapy. Given the above, the request for physical therapy 2 times a week for 4 weeks for the right shoulder is not medically necessary and appropriate.