

Case Number:	CM14-0007207		
Date Assigned:	02/07/2014	Date of Injury:	01/30/2013
Decision Date:	07/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/20/2014

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 Occupational 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 patient is a 42-year-old male who has submitted a claim for cervical lumbosacral spine sprain/strain and left shoulder periscapular/pectoral sprain/strain associated with an industrial injury date of January 30, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left shoulder pain. On physical examination, tenderness and decreased range of motion of the left shoulder were noted. Recent progress reports were handwritten and somewhat illegible. The treatment to date has included medications, alternating warm and cold compress, subacromial steroid injections, chiropractic therapy, activity modification and an unknown number of physical therapy sessions. Utilization review from January 13, 2014 denied the request for 8 sessions of physical therapy because of the lack of a time-limited treatment plan with clearly defined functional goals and because the current functional condition is not clear. The patient was also noted to be receiving physical therapy in an outside facility and the total number of visits as well as the treatment response is not known.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS TO LEFT SHOULDER: Upheld

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient has already completed an unknown number of physical therapy sessions and is also undergoing physical therapy in another institution. There is also a lack of documentation regarding functional improvement and treatment response. The documented goal for re-enrollment to PT is for strengthening exercise. However, the most recent progress report cited that patient is already in a home exercise program. Moreover, current functional limitations are likewise not documented. Therefore, the request for 8 physical therapy sessions to the left shoulder is not medically necessary.