

Case Number:	CM14-0100200		
Date Assigned:	09/16/2014	Date of Injury:	08/13/2013
Decision Date:	11/14/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/30/2014

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 & Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 31 year old male who sustained a work injury on 8-13-13. Office visit on 6-18-14 notes the claimant has pain in the left shoulder and neck. The claimant had been evaluated with an MRI and was found to have a labral tear. On exam, the claimant has tenderness over the medial aspect of the left scapula and also anterior aspect of the shoulder and the biceps tendon. Range of motion was slightly decreased. The claimant had impingement sign weakly positive. O'Brien's test was positive. The claimant had decreased range of motion of the cervical spine with tenderness over the cervical muscles. Recommendations included non-operative treatment with physical therapy. MRI of the cervical spine dated 9-2-14 showed at C6-C7 a left uncovertebral spurring with mild to moderate left foraminal narrowing. Office visit on 9-8-14 notes the claimant had a left shoulder injection which helped for a short period of time. He remains with severe shoulder pain aggravated by activity. The claimant is using medications. Recommendations made for the claimant to continue with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter and Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided 9 physical therapy sessions recently. Based on the records provided, this claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the medical necessity of the request is not established. Therefore the request for 8 sessions of physical therapy is not medically necessary.