

Case Number:	CM14-0102809		
Date Assigned:	07/30/2014	Date of Injury:	02/05/2014
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 57-year-old male who reported an injury on 02/05/2014. The mechanism of injury was not provided. On 05/16/2014, the injured worker presented with pain in the left shoulder blade. Upon examination, the cervical range of motion for the right shoulder were 45 degrees of flexion, 20 degrees of extension, 20 degrees of right lateral bending, 20 degrees left lateral bending with pain, 50 degrees of right rotation, and 45 degrees of left rotation with pain. There is a normal sensory and motor examination of the cervical spine. The diagnoses for cervical spine were a sprain with radicular symptoms and a right shoulder sprain with tendonitis. Prior therapy included physical therapy and medications. The provider recommended additional physical therapy. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x3 (6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178, 303-304, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for additional physical therapy 2 times 3 (6) is not medically necessary. California MTUS state that active therapy is based on the philosophy that therapeutic exercise and activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy, for up to 4 weeks. There was lack of documentation indicating the injured worker's lack for physical therapy as well as the efficacy of the provided therapy. The amount of physical therapy visits that have already have been completed were not provided. Injured workers are instructed and expected to continue active physical therapies at home if there is no significant barriers to transitioning the injured worker to an independent home exercise program. Additionally, the provider's request did not indicate the site that the physical therapy is intended for in the request as submitted. As such, the request is not medically necessary.