

Case Number:	CM14-0103849		
Date Assigned:	07/30/2014	Date of Injury:	06/01/2012
Decision Date:	09/11/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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:

Injured worker is a female with date of injury 6/1/2012. Per visit note dated 5/22/2014, the injured worker continues to have pain in the right side of her neck and right shoulder. Her pain will go up the back of her head on the right side, as well as down into the right arm. She recently completed the functional restoration program. She feels that the program was a bit too much for her body, stating that in week 4 she had to make an emergency session with her therapist because she was so stressed out and had a log of pain in the right arm from the head down to the hand. She states that the physical therapy exercises were too much for her and were too general. She had increased pain in her back, neck and shoulders. She had to go to the masseuse which helped her to be able to move her neck. She did feel that the physical therapy would have been better if the focus could have been specifically on the right shoulder rather than the general body. She states that the exercises that she did learn addressing her right shoulder specifically were helpful. She felt that the few exercises were more helpful than the previous set of physical therapy she had at a different facility. On examination no abnormalities were noted. Diagnoses include 1) pain in joint shoulder 2) pain psychogenic NEC.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation ODG- Physical Therapy.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has already completed a functional restoration program, which provides extensive therapy. She also reports having previous therapy. She acknowledges that she learned some therapeutic exercises for her injured shoulder, and should be prepared to continue a home exercise program for continued rehabilitation. The request for Physical therapy for the right shoulder Qty 12 is determined to not be medically necessary.