

Case Number:	CM14-0107501		
Date Assigned:	08/01/2014	Date of Injury:	02/15/2014
Decision Date:	09/17/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and 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 46-year-old female who reported an injury due to heavy lifting on 02/15/2014. On 04/30/2014, her diagnoses included sprain of the right shoulder and calcific tendinitis of the right shoulder. On 04/17/2014, she had already completed 6 physical therapy visits out of 6 authorized visits. A request for authorization dated 06/06/2014 was included in this worker's chart. There was no rationale included for the additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, right shoulder and lumbar spine Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for additional physical therapy right shoulder and lumbar spine quantity 12 is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines 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 recommended schedule for myalgia and myositis is 9-10 visits over 8 weeks. This worker had already completed 6 physical therapy visits, and the additional 12 visits that are requested exceeds the guideline recommendations of 8-10 visits. Therefore, this request for additional physical therapy, right shoulder and lumbar spine, quantity 12, is not medically necessary.