

Case Number:	CM14-0108857		
Date Assigned:	08/01/2014	Date of Injury:	01/18/2002
Decision Date:	10/02/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 Nevada. 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 records, presented for review, indicate that this 54-year-old male was reportedly injured on 1/18/2002. The mechanism of injury was not listed. The most recent progress note, dated 6/11/2014, indicated that there were ongoing complaints of left shoulder pain. Physical examination of the left shoulder revealed no acute distress, no rash. Range motion was intact. Strength was decreased with abduction equivocal. Crepitus persists in SAS. There were negative Hawkin's tests and Neer's test. No recent diagnostic imaging studies were available for review. Diagnosis: Left shoulder impingement syndrome. Previous treatment included physical therapy #6 sessions for his shoulder (20-25% improvement with PT), home exercise program and medications. A request had been made for physical therapy of the left shoulder 2 x 3 = 6 visits, which was not certified in the utilization review on 6/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine- 6 visits (2x/week x 3 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98-99 of 127..

Decision rationale: MTUS treatment guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of #10 visits. The claimant has left shoulder pain after a work-related injury in 2002 and recently underwent #6 sessions of physical therapy. The current request for #6 additional physical therapy visits exceeds the maximum allowable treatments per MTUS treatment guidelines. As such, this request is not considered medically necessary.