

Case Number:	CM14-0013142		
Date Assigned:	06/11/2014	Date of Injury:	08/21/2013
Decision Date:	07/21/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 53 year old female who reported an injury on 08/21/2013 where she injured her right arm and shoulder opening and holding open a door to the employee lounge. The injured worker received 14 sessions of physical therapy and took over the counter pain medications to control pain to the affected area of 7/10. The injured worker reported pain improvement saying her pain level had dropped to 3-6/10. She was diagnosed by her physician with right shoulder sprain, right pectoralis muscle sprain, scapulothoracic dyskinesia, cervical sprain with discopathy at C5 and C6, and radiating symptoms right upper extremity either secondary to brachial plexus irritation on nerve root irritation. A request for authorization for physical therapy two times a week for six weeks to right shoulder was signed and dated 11/20/2013 for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUESTED:PHYSICAL THERAPY TWO TIMES SIX WEEKS FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,.

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

Decision rationale: The injured worker's request for physical therapy two times a week for six weeks for the right shoulder is not medically necessary. The injured worker reports objective improvement in pain and range of motion and her physician also notes improvement in these areas. Under MTUS Chronic Pain Physical Therapy guidelines, the requested number of sessions exceeds the eight to ten sessions over four weeks set forth. The injured worker does present with limited range of motion after 14 sessions of physical therapy. The physician performed a steroidal subacromial injection on 05/14/2014. Pain levels were only documented objectively from the injured worker. Further, only one range of motion study conducted on 09/18/2013 was performed thereby not giving any objective documentation to improvement to the affected area. As such, the request is non-medically necessary. objective documentation to improvement to the affected area. As such, the request is non-certified.