

Case Number:	CM14-0017651		
Date Assigned:	04/16/2014	Date of Injury:	05/19/2008
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Texas. 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 64 year old male who reported an injury on 05/19/2008 secondary to unknown mechanism of injury. The diagnoses are cervical discectomy and fusion, recent fall, lumbar disc degeneration and fusion and history of left shoulder impingement. The injured worker was evaluated on 12/19/2013 for reports of left shoulder pain after recent fall out of the bed. The exam noted point tenderness over the AC joint, difficulty with range of motion of the left shoulder. The treatment plan indicated referral to a shoulder specialist, physical therapy and medication for pain. There is no evidence in the documentation provided of the request for authorization or rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEE FOR 6 WEEKS TO THE LEFT SHOULDER: Upheld

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

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

Decision rationale: The request for physical therapy 2 x week for 6 weeks to the left shoulder is not medically necessary. The California/MTUS Chronic Pain Medical Treatment guidelines state

physical therapy can provide short term relief during the early phases of pain treatment. The recommended number of visits is 9-10 visits over 8 weeks. The documentation provided indicated the injured worker did have pain to the left shoulder and decreased range of motion and may benefit from physical therapy. The request for 2 times a week for six weeks is a total of 12 visits which exceeds the recommended total number of visits. Therefore, based on the documentation provided, the request is not medically necessary.