

Case Number:	CM14-0017750		
Date Assigned:	04/16/2014	Date of Injury:	10/24/2002
Decision Date:	07/14/2014	UR Denial Date:	01/15/2014
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 Internal Medicine and is licensed to practice in New York. 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 patient is a 64 year old female who was injured on 10/24/2002. She sustained an injury to the right side of her body when she tripped on an unlevelled ground. The patient injured her right shoulder, right ankle, right foot and bilateral wrist. Prior treatment history has included physical therapy, chiropractic and acupuncture treatments several times from 2003 to 2006. Orthopedic Interim report dated 09/25/2013 states she has been receiving physical therapy, which she finds very helpful. She has complaints of pain about her neck and right shoulder. She relates the pain also about her left shoulder and mid to low back. On physical examination of the cervical spine, she has decreased range of motion regarding her neck. There are no focal complaints. She also has decreased range of motion of the right shoulder with slight weakness. Orthopedic Interim report dated 01/22/2014 reports the patient presents for further evaluation of her injury where she was pushed by a child which increased her back pain. She has a mild increase in her neck and shoulder complaints. In regards to this new injury, it is recommended the patient have a physical therapy program. The left shoulder also has mild loss of motion with 1+ impingement findings. There is no instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 3 TIMES A WEEK TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, Physical Medicine is recommended as a modality of treatment that is very important in reducing swelling, decreasing pain, and improving range of motion. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The medical records document the patient complained of neck pain bilateral shoulder pain. On physical examination, there was a decrease in ROM of the neck and bilateral shoulder joint with impingement finding positive in the left shoulder. There is no specific documentation of the prior sessions of PT and whether there was any improvement of pain and function. In addition, the request does not determine the duration of needed PT and does not follow the fading frequency of the treatment. Medical necessity for the requested treatment has not been established. Therefore, the requested treatment is not medically necessary.