

Case Number:	CM14-0122539		
Date Assigned:	08/06/2014	Date of Injury:	03/25/1998
Decision Date:	09/11/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/04/2014

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 59-year-old female was reportedly injured on March 25, 1998. The mechanism of injury was noted as slipping and falling on the stairs. The most recent progress note, dated August 5, 2014, indicated that there were ongoing complaints of chronic back pain. No physical examination was performed. The injured employee was interested in visiting a chiropractor. Diagnostic imaging studies of the lumbar spine noted moderate degenerative disc disease from L3 through S1 and a Grade I spondylolisthesis of L3 on L4 and of L4 on L5. Electromyography (EMG) studies of the left lower extremity showed a potential chronic L5 or S1 radiculopathy. Previous treatment included physical therapy, left shoulder cortisone injections, the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, a gym membership, exercise kit, chiropractic treatment, home exercise, moist heat, the use of an inferential unit, psychotherapy, and oral medications. A request was made for physical therapy twice a week for three weeks for the shoulders and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

97110 Physical Therapy 2 times a week for 3 weeks to the shoulders QTY:6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201.

Decision rationale: According to the American College of Occupational and Environmental Medicine, physical therapy for the shoulder should be limited to a few visits so a physical therapist can serve to educate the patient about an effective home exercise program. According to the available medical record, the injured employee has participated in at least six physical therapy visits for the shoulder. Considering this, the request for physical therapy for the shoulder for an additional two times per week for three weeks is not medically necessary.