

Case Number:	CM14-0128800		
Date Assigned:	08/18/2014	Date of Injury:	02/01/2008
Decision Date:	09/12/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/13/2014

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, has a subspecialty in Pain Management, and is licensed to practice in California. 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:

This is a patient with a date of injury of 2/1/08. A Utilization Review determination dated 7/31/14 recommends that PT is not medically necessary. Injured worker has had 24 prior PT sessions. A 3/24/14 medical report identifies that the patient was exercising her right shoulder 4 weeks prior in an unusually vigorous fashion. Two days after that, she noted some pain with abduction and pain with flexion to 90 degrees. On exam, no abnormal findings were noted. A corticosteroid injection was provided and Physical Therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x 12; right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines.

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

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 PT sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, the records suggest a history of 24 prior PT sessions.

The most recent medical report is from approximately 4 months prior to the current request. It documents a flare-up of pain after vigorous exercise, but it noted no abnormal ROM, strength, or other functional deficits that cannot be addressed within the context of an independent Home Exercise Program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.