

Case Number:	CM14-0150333		
Date Assigned:	09/18/2014	Date of Injury:	08/17/2007
Decision Date:	11/25/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational Medicine 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 53 year old female with a date of injury on 8/17/2007. The injured worker sustained bilateral shoulder injuries, attributed to repetitive activities with the shoulders. The injured worker apparently participated in a functional restoration program, with apparently good progress. There are notes from the functional restoration program "remote care" treatment, indicating the injured worker is doing well and is walking more on a regular basis. Continued participation in the remote care program was recommended in 5/14. A request was made for 6 more physical therapy treatments in 8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy treatments: Upheld

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

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

Decision rationale: This injured worker is a chronic pain injured worker with ongoing musculoskeletal complaints secondary to repetitive activities at her job. The injured worker has had demonstrations of psychological distress with hair pulling, and reports indicate other

psychological counseling sessions. The injured worker participated in a functional restoration program, completed in 7/13. She has been participating in "remote care," a sort of after care program that monitors the injured worker's progress in activity. The injured worker's physical exam notes some myofascial restriction in the shoulders. Notes indicate that the injured worker is participating in activities such as daily walking. At this time, the data does not support a need for additional physical therapy (PT). The injured worker's injury is more than 5 years old and she has attended the functional restoration program where a home exercise program was undoubtedly reviewed. The injured worker continues with demonstration of engaging in some activity, as noted by her daily walking. Given this, there is no need for more physical therapy (PT) and the request is not medically necessary and appropriate.