

Case Number:	CM14-0154270		
Date Assigned:	09/23/2014	Date of Injury:	02/13/2001
Decision Date:	10/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 57-year-old female who reported an injury on 02/13/2001. The mechanism of injury was not provided. Diagnoses included bilateral AC joint arthritis, adhesive capsulitis, and impingement syndrome status post rotator cuff repair. Past treatments included medications. Pertinent diagnostic studies were not provided. Surgical history included rotator cuff repair. The clinical note dated 08/08/2014, indicated the injured worker noted improvement in pain in the bilateral shoulders, but continued to complain of neck pain radiating down the right arm. The physical exam revealed decreased range of motion in the bilateral shoulders. Current medications included Flexeril, Zanaflex and Soma. The treatment plan included physical therapy 2 to 3 times weekly for 4 weeks for the bilateral shoulders. The rationale for the request was to increase range of motion and strength. The request for authorization form was completed on 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times weekly for 4 weeks, bilateral shoulders QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 98-99,.

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

Decision rationale: The request for physical therapy 2-3 times weekly for 4 weeks, bilateral shoulders QTY: 12.00 are not medically necessary. The California MTUS Guidelines indicate that physical therapy is recommended for patients with myalgia to include 9 to 10 visits over 8 weeks. The clinical documentation provided indicated the injured worker stated bilateral shoulder pain had improved. The physician noted decreased range of motion to the bilateral shoulders. There is a lack of documented functional deficits, including range of motion and motor strength values to indicate the necessity for physical therapy at this time. In the absence of documentation of functional deficits, the request cannot be supported. Therefore, the request for Physical therapy 2-3 times weekly for 4 weeks, bilateral shoulders QTY: 12.00 are not medically necessary.