

Case Number:	CM14-0155261		
Date Assigned:	10/07/2014	Date of Injury:	10/04/2012
Decision Date:	11/03/2014	UR Denial Date:	09/05/2014
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 Physical Medicine and Rehabilitation 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:

The injured worker is a 60-year-old male who reported an injury on 10/04/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included status post arthroscopy with SAD and DCE, left shoulder; skin burn, left shoulder, unclear etiology; left shoulder pain. Previous treatments included medication, physical therapy. Within the clinical note dated 08/27/2014, it was reported the injured worker complained of moderate pain in the left shoulder. Upon the physical examination, the provider noted there was no tenderness to palpation present on the physical examination. Muscle strength was 5/5. The provider requested physical therapy. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for 16 Physical Therapy Visits is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guideline note for neuralgia/myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The number of sessions the injured worker has undergone was not submitted for clinical review. Additionally, there is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, or decreased strength or flexibility. The request submitted failed to provide a treatment site. The number of sessions requested exceeds the guideline's recommendations of 8 to 10 visits. Therefore, the request is not medically necessary.