

Case Number:	CM14-0171256		
Date Assigned:	10/23/2014	Date of Injury:	04/02/2011
Decision Date:	12/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Medicine, and is licensed to practice in New Jersey and New York. 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 64 year-old female who injured her cervical spine and left shoulder on 4/2/11 after lifting and turning a patient. She complained of neck and left shoulder pain. On exam, she had decreased range of motion. She had MRI of the cervical spine and electrodiagnostic studies but results were not included in this chart. She was diagnosed with left shoulder impingement. She had a cervical spine fusion in 1/2014 which did not help pain. Her medications included Vicodin, Tramadol, Cymbalta, and Neurontin. She had post-operative physical therapy but was requesting more sessions. This limited chart had many hand written notes some of which were illegible. There were no physical therapy notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy (PT) 2 x 4 for left shoulder: Upheld

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

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

Decision rationale: The request for additional physical therapy is not medically necessary. There were no physical therapy notes included in the chart that would indicate a need for

continued sessions. The subjective and objective improvement achieved with physical therapy were not documented. The patient should be adept at a home exercise program at this point, and continue it independently. There is no documentation as to why a home exercise program would be insufficient to address any remaining issues. Therefore, additional physical therapy sessions for her left shoulder is considered not medically necessary.