

Case Number:	CM14-0174047		
Date Assigned:	10/27/2014	Date of Injury:	02/06/2012
Decision Date:	12/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/22/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 67-year-old female, who reported an injury on 02/06/2012 due to being attacked by a mentally ill patient who grabbed her by the neck and threw her to the ground. She hit her head and may have had a brief loss of consciousness. Diagnoses were essential and other specific forms tremor; other acquired torsion dystonia; head injury; cervical myalgia; status post-surgery, cervical spine; lumbar facet arthropathy; right shoulder internal derangement; right shoulder pain; and, psych diagnosis. There was no treatment plan reported. MRI of the left shoulder, dated 11/13/2013, revealed a moderate sized partial thickness undersurface tear of the distal supraspinatus tendon just proximal to the insertion. There was a small partial thickness undersurface tear of the distal infraspinatus and subscapularis tendons at the insertion. There was mild acromioclavicular osteoarthritis and mild to moderate subacromial/subdeltoid bursitis. Physical examination, dated 09/19/2014, revealed that the injured worker does not use any assistive devices or supports. Motor strength was 4/5 in right biceps and shoulder abduction. Deep tendon reflexes were normal in the upper extremities. Examination of the cervical spine revealed tenderness to palpation of the cervical paravertebral muscles, cervicothoracic junction, left trapezius, and suboccipitals. Valsalva's was negative. Diagnoses were essential and other specific forms tremor; other acquired torsion dystonia; head injury; cervical myalgia; status post-surgery, cervical spine; lumbar facet arthropathy; right shoulder internal derangement; right shoulder pain; and, psych diagnosis. There was no treatment plan reported. The rationale and requests were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twelve (12) sessions (2 times 6) to 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 Physical Medicine Page(s): 98-99.

Decision rationale: The decision for physical therapy twelve (12) sessions (2 times 6) to left shoulder is not medically necessary. The California Medical Treatment Utilization Schedule states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task or exercise. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 physical therapy visits for up to 4 weeks. There is a lack of documentation regarding the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. Objective findings regarding the left shoulder were not provided. There is a lack of documentation to evaluate for functional deficits requiring therapy. In addition, the rationale for the submitted request was not provided. Therefore, this request is not medically necessary.