

Case Number:	CM14-0183577		
Date Assigned:	11/10/2014	Date of Injury:	05/20/2013
Decision Date:	12/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency 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 32-year-old female who reported an injury on 05/20/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included left shoulder impingement and loss of strength. The previous treatments included medication, injections, surgery. Within the clinical note dated 09/15/2014, it was reported the injured worker complained of left shoulder pain and discomfort. She rated her pain 7/10 to 8/10 in severity. Upon the physical examination, the provider indicated the injured worker had left shoulder crepitus with pain and discomfort. There was full range of motion of the shoulder with pain and weakness. The provider requested physical therapy visits for the left shoulder. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy visits for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines

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

Decision rationale: The request for 8 physical therapy visits for the left shoulder is not medically necessary. The California Medical Treatment Utilization Schedule (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. The guidelines allow for the fading of treatment frequency plus self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. The clinical documentation submitted failed to include an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. Therefore, the request is not medically necessary.