

Case Number:	CM14-0023218		
Date Assigned:	05/14/2014	Date of Injury:	08/26/2009
Decision Date:	07/11/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine 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:

53 year old woman with right shoulder pain, neck pain and low back pain, who says it is from cumulative trauma, with an injury date of 8/26/09. She is requesting 8 sessions of PT for the low back, and 8 sessions of PT for the neck and shoulder. She is s/p right shoulder arthroscopy 4/18/13. She has not returned to work since her MI, on 8/26/09.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE: 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, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Postsurgical treatment guidelines for arthroscopic treatment of rotator cuff syndrome/impairment syndrome is 24 visits over 14 weeks, and the treatment period is 6 months. (she had arthroscopy on 4/18/13) She already had 24 visits as of 9/30/13. The cervical spine, does not fall under this algorithm. She has had extensive therapy in the past, which has included the cervical spine. The goal of such therapy should be independence with a home exercise program. Further therapy is not indicated for the neck. This is a combined request, and neither

areas (cervical spine and right shoulder) have physical therapy indicated, and the entire request is not medically necessary.

EIGHT (8) SESSIONS OF PHYSICAL THERAPY FOR THE CERVICAL SPINE AND THE RIGHT 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: This patient has had multiple visits of physical therapy in the past, and as recently as 2013. The goal of therapy is to transition to a self-managed home exercise program. The guidelines allow for 9-10 visits over 8 weeks, with fading frequency. The patient has already exceeded these guidelines. Additional visits are not medically necessary.