

Case Number:	CM14-0025262		
Date Assigned:	06/11/2014	Date of Injury:	05/09/2011
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 40-year-old female who reported an injury on 05/09/2011. The mechanism of injury was noted to be the injured worker being struck by a bus. Her diagnoses were myofascial restriction of the left shoulder, hip contusion, and myofascial pain in the lumbar spine. Prior treatment was noted to be medication management and physical therapy. The clinical examination on 11/06/2013 found the injured worker stiff and unable to bend at the waist, extend, or rotate without pain. She had a negative straight leg raise bilaterally. Her sensation in the extremities were normal. In the left extremity, she had decreased sensation throughout but primarily in the 3 middle fingers of her left hand. It is noted what was most significant was decreased range of motion in the injured worker's cervical region, particularly movements that extended her left side of neck. She had marked myofascial spasm in the sternocleidomastoid, and sub occipital musculature. The deltoid also was quite tender. She had tenderness in the supraspinatus and infraspinatus musculature. The suprascapularis also produced pain. Her internal rotation was limited by pain although she did have full range of motion with extending and abducting her arm. It was described as painful. The recommended treatment was to start the injured worker on ibuprofen 600 mg 4 times a day, lab work and 12 additional sessions of physical therapy 2 times a week for myofascial release of her left shoulder. The provider's rationale for the requested physical therapy visits was provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY VISITS X12 FOR LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Loss Data Institute, Section: Shoulder (Acute & Chronic) Updated 1/20/214.

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

Decision rationale: The request for physical therapy visits x12 for the left shoulder is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate physical therapy 8 to 10 visits over 4 weeks and allow for fading of treatment frequency, plus active self-directed home physical medicine. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The injured worker has already participated in physical therapy and the request for 12 sessions exceeds the guidelines. Therefore, the request for physical therapy visits x12 for the left shoulder is not medically necessary and appropriate.