

Case Number:	CM14-0030012		
Date Assigned:	06/20/2014	Date of Injury:	04/18/2006
Decision Date:	07/30/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

The injured worker is a 67-year-old male who reported an injury on 04/18/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 12/03/2013 is handwritten and largely illegible. The injured worker's diagnosis was sprain of unspecified site of shoulder and upper arm. The injured worker reported constant bilateral shoulder pain with numbness and tingling, increased with driving and rated 7/10. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for physiotherapy 2 x4 to the cervical spine and bilateral shoulders. A request for authorization dated 12/16/2013 was submitted for physical therapy 2 times a week for 4 weeks. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy (2) times a week for (4) weeks, cervical spine, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN/PHYSICAL MEDICINE GUIDELINES.

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

Decision rationale: The request for physiotherapy 2 x 4; cervical spine, bilateral shoulder is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It was indicated that the injured worker had a prior course of physical therapy. However, the documentation submitted did not indicate how many sessions of physical therapy as well as the efficacy of the prior therapy. In addition, there was a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. In addition, the provider did not indicate a rationale for the request. Therefore, the request for physiotherapy 2 x4, cervical spine, bilateral shoulders, is not medically necessary.