

Case Number:	CM14-0030859		
Date Assigned:	06/20/2014	Date of Injury:	09/09/2011
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 62-year-old who was reportedly injured on September 9, 2011. The mechanism of injury was noted as a slip and fall event. The most recent progress note and orthopedic medical examination, dated January 6, 2014, indicated that there were ongoing complaints of constant jaw pain, intermittent cervical spine pain, intermittent left shoulder pain and chest wall discomfort. The physical examination demonstrated a decrease in cervical spine range of motion, restricted range of motion to the right shoulder and left shoulder. The neurological status was intact. Diagnostic imaging studies referenced changes in the cervical spine; however, the actual radiology report was not presented for review. Shoulder magnetic resonance imaging noted a mild tendinopathy of the supraspinatus. Previous treatment included multiple medications, physical therapy, aquatic therapy and radiofrequency thermal coagulation in the lumbar spine. A request had been made for additional physical therapy and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201.

Decision rationale: When noting the date of injury, the multiple interventions completed, the previous physical therapy in aquatic therapy and by the physical examination reported there is little clinical data presented to suggest the need for additional formal physical therapy. At best, home exercise protocol emphasizing overall fitness, range of motion testing is all that would be supported. The request for twelve sessions of physical therapy is not medically necessary or appropriate.