

Case Number:	CM14-0031504		
Date Assigned:	04/09/2014	Date of Injury:	12/03/2013
Decision Date:	05/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 Family Practice, 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 28-year-old male who reported injury on December 3, 2013, after he lifted a sheet of metal. The injured worker reportedly sustained an injury to his left shoulder and neck. The injured worker's treatment history included eight sessions of physical therapy. The injured worker was evaluated on January 14, 2014. Physical findings included severely limited range of motion of the left shoulder, with tenderness to palpation and a weak grip. The injured worker's diagnoses included left shoulder sprain/strain. Treatment recommendations included continuation of medications, and continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO THE LEFT SHOULDER QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation MTUS: INSTRUCTION IN HOME EXERCISE, CA MTUS ACOEM 2ND ED. CHAPTER 9, 203

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

Decision rationale: California Medical Treatment Utilization Schedule recommends eight to ten visits for injured workers who have neuritis, myalgia, myositis, and radiculopathy. The clinical documentation submitted for review does indicate that the injured worker has participated in eight physical therapy sessions for this injury to date. It was documented that the injured worker had a positive response to physical therapy; however, was slow to recover. However, the treating provider did not provide any exceptional factors in this clinical situation that would support extending treatment beyond guideline recommendations. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program after an appropriate course of physical therapy. There are no barriers noted within the documentation to preclude further progress of the injured worker while participating in a home exercise program. The request for additional physical therapy visits to the left shoulder, twice per week for four weeks, is not medically necessary or appropriate.