

Case Number:	CM14-0034706		
Date Assigned:	06/20/2014	Date of Injury:	04/13/2012
Decision Date:	08/05/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old female who reported an injury on 04/13/2012. The mechanism of injury was not provided. On 12/12/2014, the injured worker presented with complaints of right shoulder pain and neck pain. Upon examination, there was tenderness noted over the anterior capsule about her right shoulder. There was increased pain for all ranges of motion; and tenderness noted in the cervical spine with spasms. Prior treatment included right shoulder arthroscopy, medications, and therapy. The diagnoses were right shoulder rotator cuff tear and cervical strain/sprain, with 3 mm disc bulge. The provider recommended physical therapy 2 times a week for 4 weeks for the cervical spine and right shoulder. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the cervical spine and right shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: MTUS Guidelines 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. Injured workers are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the amount of physical therapy visits that have already been completed. There are no significant barriers to transitioning the injured worker to an independent home exercise program. Therefore, the request is not medically necessary.