

Case Number:	CM14-0036285		
Date Assigned:	06/25/2014	Date of Injury:	08/16/2013
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/25/2014

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 Nevada. 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 58-year-old male who was reportedly injured on 8/16/2013. The mechanism of injury was noted as a motor vehicle accident. Progress notes dated 11/21/2013, 1/3/2014 and 2/28/2014 indicated that there were ongoing complaints of right shoulder pain and neck/mid back pain. Physical examination demonstrated shoulder tenderness with limited range of motion and positive Hawkin's and Neer's impingement testing. No cervical or thoracic spine examination was performed at these visits. Magnetic resonance imaging and plain radiographs of the shoulder demonstrated an acromioclavicular joint separation. Previous treatment included 6 sessions of chiropractic treatment, physical therapy (12 visits for shoulder and 6 visits for thoracic spine), home exercise/stretching program, and medications to include Vicodin 5/500 mg, Motrin 800 mg and over the counter medications. A request had been made for physical therapy 2 times a week for 3 weeks for the right shoulder and thoracic spine, which was not certified in the utilization review on 3/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for three weeks for the right shoulder and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 98, 99 of 127 Page(s): 98,99 of 127.

Decision rationale: The use of physical therapy is supported for the management of chronic pain specifically myalgia and radiculitis and the MTUS Chronic Pain Guidelines recommends a maximum of 10 visits. A review of the available medical records failed to demonstrate an improvement in pain or function after the claimant underwent 12 sessions of physical therapy and chiropractic treatment. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.