

Case Number:	CM14-0038280		
Date Assigned:	06/25/2014	Date of Injury:	07/17/2010
Decision Date:	09/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 7/17/10. A utilization review determination dated 3/14/14 recommends non-certification of physical therapy. It notes that prior physical therapy has been utilized. 3/3/14 medical report identifies left shoulder pain with weakness. On exam, strength is 4/5 with forward flexion and abduction. There is a positive impingement test and some limited range of motion. Treatment plan includes physical therapy with rotator cuff strengthening and consideration for a subacromial injection if it fails. Terocin patches were also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT x 12 to left shoulder: Upheld

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

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

Decision rationale: Regarding the request for physical therapy, California Medical Treatment Utilization Schedule (MTUS) supports up to 10 physical therapy sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment

process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior physical therapy sessions. The patient currently has some weakness and decreased range of motion. While a few physical therapy sessions may be appropriate to progress the patient back into an independent home exercise program, the proposed amount of physical therapy exceeds the recommendations of the California (MTUS) and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.