

Case Number:	CM14-0049768		
Date Assigned:	07/07/2014	Date of Injury:	07/20/2009
Decision Date:	08/01/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/17/2014

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 Medicine 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's original date of industrial injury was July 20, 2009. The mechanism of injury was a slip and fall in which the patient had, to her right upper extremity and neck. The injured worker has sustained injuries to the body regions of the right hand, fingers, right arm, right shoulder, work-related hypertension, and mood disorder. A utilization review determination on date of service April 7, 2014 had noncertified the request for additional physical therapy. The cited rationale was that the patient has completed at least 8 sessions of physical therapy for the shoulder. There was no "documentation of significant functional improvement or why a home exercise program could not suffice this time."

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES.

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

Decision rationale: The request for future sessions of physical therapy are contingent on demonstration of functional benefit from previous sessions of physical therapy. In the case of this injured worker, the documentation of functional benefit is not clearly documented. In a progress note on January 15, 2014, there is documentation the the patient reports that she is in physical therapy which is helping. There was a request in this treatment note of an additional 12 sessions of PT. No commentary on what effect prior PT had on activities of daily living, work status, or even in terms of physical capacity (ie, lifting or range of motion improvement). Based on this, this request is not medically necessary.