

Case Number:	CM14-0050009		
Date Assigned:	07/07/2014	Date of Injury:	10/20/2009
Decision Date:	08/22/2014	UR Denial Date:	04/10/2014
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 Internal 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 patient is a 45 year old male claimant sustained a work injury on 10/20/09 involving the low back, knees and shoulders. He was diagnosed with a lumbar herniated nucleus pulposus and ligamentous injuries of the knee and shoulder ligamentous injuries. An MRI in 2012 had noted there was supraspinatus tendonitis of the right shoulder. A progress note on 3/11/14 indicated the claimant had completed prior therapy. He had pain in both shoulders but shoulder examination was not performed. The treating physician requested 4 additional visits of physical therapy for the shoulder, knee and lumbar spine and 12 sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 additional physical therapy visits to the left shoulder as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): table 2.

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

Decision rationale: According to the MTUS guidelines, physical therapy is recommended for 8-10 visits over 4 weeks for radicular symptoms and 10 visits over 8 weeks for myalgia. The claimant had already undergone therapy. In addition, the claimant had been provided 12 sessions

of aquatic therapy, which encompasses the total amount, allowed for the guidelines. The shoulder exam was not performed on the day of additional therapy request. Based on the numerous cumulative therapy visits performed, additional therapy can be performed at home. The request above is not medically necessary.