

Case Number:	CM14-0051081		
Date Assigned:	07/07/2014	Date of Injury:	05/21/2013
Decision Date:	08/19/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 Illinois. 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 39-year-old male who reported an injury on 05/21/2013. The mechanism of injury reportedly occurred when his forklift fell off a ramp. The diagnoses included cervicgia and right snapping scapular syndrome. Prior therapies included medications and 6 sessions of physical therapy for the right periscapular region. Per the 05/28/2014 progress report, the injured worker complained of right-sided neck pain and right shoulder blade popping as well as pain. Examination of the right shoulder noted considerable subscapular crepitation with decreased range of motion. The injured worker received 6 sessions of physical therapy for the right periscapular region from 06/04/2014 to 06/20/2014. Per the 06/27/2014 progress report, the injured worker reported physical therapy did not help relieve his symptoms and the physical examination findings were unchanged. The provider recommended additional physical therapy for the right periscapular region. The Request for Authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right periscapular region: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy right periscapular region is not medically necessary. The California MTUS Guidelines recommend 9 to 10 visits for myalgia and myositis with the fading of treatment frequency, plus active self-directed home physical medicine. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records provided indicate the injured worker received 6 sessions of physical therapy for the right periscapular region. However, injured worker reported physical therapy did not help relieve his symptoms and physical examination findings remained unchanged. There is no indication of any significant functional improvements made with prior therapy to warrant additional physical therapy. In addition, the submitted request does not specify the quantity, frequency, or duration of therapy. Based on this information, the request is not medically necessary.