

Case Number:	CM14-0053056		
Date Assigned:	07/07/2014	Date of Injury:	09/18/2012
Decision Date:	08/19/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 underlying date of injury in this case is 09/18/2012. The patient's primary diagnosis is a right hand/wrist sprain. The current treating diagnoses include mild ligamentous sprains of the cervical and thoracic spine as well as an inflammatory process of the bilateral shoulders with shoulder stiffness. Previously the patient received at least 14 physical therapy visits for this injury including to the shoulders. On 03/13/2014, the treating physician reviewed the patient's history of injury to the neck, upper back, bilateral shoulders, and bilateral wrists while employed for an aircraft manufacturer. On examination, the patient had reduced range of motion in the shoulders in flexion and abduction bilaterally. The treating physician felt the patient would benefit from a further course of conservative orthopedic care, including physical therapy to the bilateral shoulders and thoracic spine and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS (Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommend allowing for fading of treatment frequency plus active self-directed home physical medicine. The treatment guidelines anticipate that this patient would have transitioned by now to an independent home rehabilitation program. The records and guidelines do not clearly provide a rationale for additional supervised physical therapy. This request is not medically necessary.