

Case Number:	CM14-0064294		
Date Assigned:	07/11/2014	Date of Injury:	02/18/2013
Decision Date:	10/01/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 & 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 was original injured on 2/18/2013. She carries diagnoses of left ankle pain, left ankle tendonitis, post-traumatic stress disorder, depression, and left shoulder pain. The disputed issue is a request for 8 sessions of physical therapy. A progress note on 4/16/2014, documents that the treating physical therapist would like the patient to have more sessions to improve range of motion and strength of the shoulder. There is documentation of progress with therapy. A utilization review determination on 4/30/2014 had non-certified this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for four weeks, eight total treatments: 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 Section Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy

Decision rationale: The disputed issue is a request for 8 sessions of physical therapy. A progress note on 4/16/2014, documents that the physical therapist would like the patient to have more sessions to improve range of motion and strength of the shoulder. There is documentation

of progress with therapy. There are notes that indicate the patient was previously certified for 6 sessions of physical therapy for the right shoulder. In this case, the request exceeds the standard 10 visits of physical therapy recommended by the Official Disability Guidelines for shoulder pain/ rotator cuff syndrome. The Independent Medical Review process cannot modify this request, and therefore this request is not medically necessary.