

Case Number:	CM14-0090794		
Date Assigned:	07/23/2014	Date of Injury:	12/28/2013
Decision Date:	08/28/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 57 years old female with an injury date on 12/28/2013. Based on the 05/07/2014 progress report provided by [REDACTED], the diagnoses are: 1. Impingement Syndrome 2. Pain in shoulder. According to this report, the patient complains of left shoulder pain. The patient is 5 week status post cortisone injection of the left subacromial space. The left shoulder range of motion is limited. Mild numbness/tingling distally and weakness were noted. There were no other significant findings noted on this report. [REDACTED] is requesting 6 session of physical therapy. The utilization review denied the request on 05/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/30/2013 to 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 05/07/2014 report by [REDACTED] this patient presents with left shoulder pain. The treating physician is requesting 6 session of physical therapy. The Utilization Review (UR) denial letter states "The record indicates that the claimant has received 12 sessions of physical therapy to date. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show that the patient completed 6 sessions of physical therapy from 01/21/2014 to 05/05/2014. There is no discussion regarding the patient's progress on any of the reports and what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. However, UR alludes that the patient has had 12 sessions. Time-frame is not known. It is the treater's responsibility to monitor the patient's progress and make appropriate recommendations (MTUS page 8). In this case, the treating physician does not discuss the patient's treatment history or the reasons for requested additional therapy. The request is not medically necessary and appropriate.