

Case Number:	CM14-0091566		
Date Assigned:	07/25/2014	Date of Injury:	08/03/2010
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 63 year-old female with the date of injury of 08/03/2010. The patient presents with pain in her shoulder pain for 3 years. The patient has had a manipulation and physical therapy for her left shoulder, but never regained full motion. According to [REDACTED] report on 06/03/2014, diagnostic impressions are: 1) Cervical degenerative disc disease 2) Cervical radiculopathy 3) Left shoulder impingement syndrome 4) Left shoulder internal derangement 5) Cervical myofascial pain syndrome 6) Bilateral carpal tunnel syndrome [REDACTED] requested for additional physical therapy, two times per week over four weeks, for the patient's left shoulder. The utilization review determination being challenged is dated on 06/09/2014. [REDACTED] is the requesting provider, and she provided treatment reports from 12/03/2013 to 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy two times per week over four weeks to left shoulder:

Overturned

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 Guidelines Page(s): 98, 99.

Decision rationale: The patient presents with left shoulder pain and numbness in her left fingers. The request is for additional physical therapy, two times per week over four weeks, for the patient's left shoulder. [REDACTED] report on 05/20/2014 indicates that the patient has had physical therapy with benefits, such as less numbness in her left hand. Utilization review letter dated 06/09/2014 indicates that the patient had therapy in January 2013 and in August 2013. However, there is no indication how many therapy sessions the patient has had in total. MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the provider does not explain why additional therapy is needed at this point. It has been 10 months since the last course of therapy and a short course of therapy may be reasonable to address the patient's chronic and persistent symptoms. The patient continues to have ROM issues with the shoulder. The request is medically necessary.