

Case Number:	CM14-0094434		
Date Assigned:	07/25/2014	Date of Injury:	01/20/2014
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/20/2014

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 51-year-old female who reported an injury on 01/20/2014. The mechanism of injury was not stated. The current diagnoses include shoulder pain, cervical pain, wrist pain, and low back pain. The injured worker was evaluated on 05/30/2014 with complaints of persistent pain over multiple areas of the body, as well as difficulty sleeping secondary to pain. A physical examination revealed ongoing pain and tenderness to palpation. It is noted that the injured worker has reported an improvement in symptoms with physical therapy. Treatment recommendations at that time included continuation of the current medication regimen and physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy to the left shoulder 2x for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. There was no documentation of a significant functional limitation with regard to the left shoulder. A physical examination only revealed tenderness to palpation. There is also no documentation of the previous course of physical therapy with evidence of objective functional improvement that would warrant the need for ongoing treatment. As such, the request is not medically necessary.