

Case Number:	CM13-0029686		
Date Assigned:	11/01/2013	Date of Injury:	07/19/2011
Decision Date:	02/18/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/25/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 60 year old female with an injury date of 7/19/11. Based on the 8/28/13 progress report, this patient complains of non-radiating and isolated "persistent pain in the neck, back and right shoulder." Exam is positive for Hawkins test and empty can test. Cervical myofascial spasms are present with tenderness around the L5 region with palpation and SI joint tenderness. Facet loading is positive on the left and right. Diagnosis is right shoulder rotator cuff partial tear with tendinitis. Work status as of 8/28/13: Temporarily totally disabled until 10/09/13. The utilization review being challenged is dated 9/10/13. The request is for physical therapy 1-2 times a week for 6 weeks. The requesting provider has provided reports from 4/18/13 to 8/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times a week for 6 weeks: 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 Page(s): 98, 99.

Decision rationale: This patient presents persistent pain in the neck, back, and right shoulder. The treater requests physical therapy 1-2 times a week for 6 weeks per report dated 8/28/13. This patient has right shoulder pain with cervical myofascial spasms with "intact range of motion." Patient denies having any upper extremity paresthesias or weakness, but has discomfort with movement and overhead activity. While review of submitted documents do not indicate total number of therapy sessions this patient has had to date, MTUS guidelines, pages 98 and 99, do allow for a short course of 8-10 sessions of therapy for various myalgias and neuralgias. In this case, the request for 10-12 visits exceeds the recommended 8-10 sessions for this type of diagnosis. The request is not medically necessary.