

Case Number:	CM15-0000811		
Date Assigned:	01/12/2015	Date of Injury:	05/12/2000
Decision Date:	04/08/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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 & Rehabilitation

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 56 year old female, who sustained an industrial injury on May 12, 2000. She has reported left shoulder and upper back injury due to overuse. The diagnoses have included muscle spasm, myalgia and myositis, left trapezial sprain/strain secondary to overuse, periscapular sprain/strain. Treatment to date has included medications, unknown amount of massage therapy, an unknown amount of physical therapy, and a home exercise program. Currently, the IW complains of increased shoulder and upper back pain. On October 22, 2014, it is indicated the injured worker has had increased need for massage therapy over a period of 6 months. It is noted that pain of the periscapular, upper back, and left arm regions are worse than in 2013. On November 14, 2014, it is noted the injured worker has also been involved in a motor vehicle accident. [REDACTED] notation indicates the injury of the left shoulder is not a result of the motor vehicle accident. On December 18, 2014, Utilization Review non-certified the request for six (6) physical therapy (myofascial release) visits, for the left shoulder, based on ACOEM, and MTUS guidelines. On December 27, 2014, the injured worker submitted an application for IMR for review of six (6) physical therapy (myofascial release) visits, for the left shoulder. The listed primary diagnosis is myofascial pain, and muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Treatments for the 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 Page(s): 98-99.

Decision rationale: The injured worker has been diagnosed with myofascial pain syndrome involving the shoulder musculature due to a history of a partial thickness rotator cuff injury. She is noted to have restricted range of motion of the left scapula. Records indicate the patient has been on a regimen of regular massage therapy with improvement. She is not receiving pharmacologic pain management. There are no previous physical therapy records for review. Referral was made for continuation of myofascial release physical therapy for 6 visits. MTUS guidelines recommends 9-10 visits of physical therapy for the diagnosis of myalgias. The request for additional physical therapy falls within MTUS guidelines and is therefore medically necessary.