

Case Number:	CM15-0187900		
Date Assigned:	09/29/2015	Date of Injury:	04/01/2010
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/24/2015

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: Preventive Medicine, Occupational Medicine

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 55 year old man sustained an industrial injury on 4-1-2010. Diagnoses include hand joint pain, shoulder region disorder, shoulder joint pain, and cervicobrachial syndrome. Treatment has included oral medications. Physician notes on a PR-2 dated 8-25-2015 show complaints of cervical spine pain. Recommendations include cervical spine MRI, physical therapy, Naprosyn, and follow up in two to three weeks. Utilization Review denied a request for physical therapy on 9-4-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy 2x a week for 4 weeks of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate

discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, there is a lack of available information to make a supportive decision in regard to this request for physical therapy. The injured worker's injury occurred over 5 years ago but there are no progress reports to review and it is unclear if he has undergone previous physical therapy and what, if any, relief it brought. Without more information, the request for 8 physical therapy 2x a week for 4 weeks of the right shoulder is determined to not be medically necessary.