

Case Number:	CM15-0022858		
Date Assigned:	02/12/2015	Date of Injury:	06/04/2013
Decision Date:	04/06/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

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 50-year-old female who reported an injury on 06/04/2013. The documentation indicated the injured worker had completed 32 sessions of therapy. The mechanism of injury was the injured worker was wing walking an aircraft when she was struck by a maintenance truck. The injured worker fell to the ground. The documentation of 01/14/2015 revealed the injured worker had followed up for therapy. The physical therapist recommended 8 additional visits. The injured worker was noted to have participated in physical therapy previously. The injured worker was doing heavy overhead work and there was no significant modified duty. The physical examination of the left shoulder revealed the injured worker lacked 5 degrees of forward flexion. The injured worker had a tight band of tissue laterally in the axilla. The external rotation at her side, as well as in abduction, were symmetric with her other side. The strength in external rotation and belly press was 5/5. The strength in supraspinatus was 4/5. The diagnoses included resolved right upper extremity, left hip, and low back complaints; left shoulder status post arthroscopic chondroplasty of the glenoid with anterior labral repair and capsular shift, with subacromial examination, resolved complex regional pain syndrome. On 06/27/2014, the injured worker underwent a manipulation under anesthesia and arthroscopic capsular release, glenoid humeral, and subacromial debridement. The treatment plan included 8 additional sessions of physical therapy. There was a Request for Authorization submitted for review dated 01/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x8 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy treatment. The objective benefit was not provided. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. Additionally, the request as submitted failed to indicate the body part to be treated with the physical therapy. Given the above, the request for physical therapy x 8 sessions is not medically necessary.