

Case Number:	CM15-0040930		
Date Assigned:	03/11/2015	Date of Injury:	07/02/2013
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on 07/02/2013 (dates of injury reported in the doctor's reports were 12/19/2010 and 12/27/2010). Initial complaints reported included neck pain followed by numbness and tingling in the left arm. The second injury occurred when he lost his grip with his left hand and fell about 5 feet while trying to climb up into the truck resulting in injuries to the right knee and cuts/abrasions. The initial diagnoses were not indicated in the clinical notes. Other progress reports indicated other injuries in relation to the injury date of 01/07/2015 including injuries to the head, right shoulder, right lower back, and straining a muscle in the right groin. Treatment to date has included conservative care, medications, injections to the neck/low back/groin areas, electrodiagnostic testing for the upper extremities, prior physical therapy, chiropractic manipulation, radiographic imaging, MRIs of the cervical and lumbar spines and right knee, and traction. Currently, the injured worker reports increasing strength with physical therapy and home exercise program and vague pain (not specifically identified). Diagnoses include cervical strain, sprain, lumbar strain/sprain, sprain of the shoulder and upper arm (right), tibiofemoral sprain, and sprain of the left hip and thigh. The treatment plan consisted of 12 session of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8 and 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury nearly 2 years ago. He is being treated for a right shoulder strain/sprain. Treatments have included physical therapy with reported improving strength and with therapeutic content including a home exercise program. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore, this request is not medically necessary.