

Case Number:	CM15-0053407		
Date Assigned:	04/15/2015	Date of Injury:	08/06/2014
Decision Date:	05/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 6, 2014. In a Utilization Review report dated February 17, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced an RFA form received on February 10, 2015 in its determination. The full text of the Utilization Review report was not, however, provided. The applicant's attorney subsequently appealed; however, the only note provided was a Doctor's First Report (DFR) dated August 6, 2014. On that date, the applicant presented with a primary complaint of shoulder pain secondary to rotator cuff tear. Motrin, Robaxin, work restrictions, and MRI imaging of the shoulder were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the left shoulder and neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: No, the request for 12 sessions of physical therapy for the shoulder and neck was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon a prescribing provider to furnish a prescription for physical therapy which "clearly states treatment goals". ACOEM further notes that the value of physical therapy increases with a specific description of the diagnosis and/or lesion causing an applicant's complaints. Here, however, the information on file did not furnish a clear description of treatment goals. No recent progress notes were incorporated into the IMR packet. The full text of the Utilization Review report denial was likewise not furnished. The sole progress note on file was in fact a Doctor's First Report (DFR) some six months prior to the date in question. The information on file, in short, failed to support or substantiate the request. Therefore, the request is not medically necessary.