

Case Number:	CM13-0035363		
Date Assigned:	12/13/2013	Date of Injury:	05/28/2013
Decision Date:	01/30/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is board certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee is a 56-year-old male with a reported date of injury of 5/28/2013. The employee presented with cervical pain, left cervical dorsal pain, upper thoracic pain, right cervical dorsal pain, lumbar pain, left lumbar pain, left sacroiliac pain, sacral pain, right sacroiliac pain, right lumbar pain, left posterior shoulder pain, right posterior shoulder pain, left anterior shoulder pain, right anterior shoulder pain, palpable tenderness at the left anterior shoulder, right anterior shoulder, and limited left shoulder range of motion. The employee had diagnoses including cervicalgia, cervical intervertebral disc disease displacement without myelopathy, degeneration of the cervical spine, cervical sprain/strain, degeneration of the lumbar or lumbosacral intervertebral disc, herniated lumbar disc, lumbago, and disorders of the bursae and tendons in the shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physiotherapy 3 times per week for 4 weeks, left shoulder: Upheld

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

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

Decision rationale: The guidelines indicate that active therapy is beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can also alleviate discomfort. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. The guidelines also recommend patients should undergo a 6-session trial of physical therapy followed by a complete assessment of the patient's condition in order to assess functional improvement before continuing therapy. The employee's provider noted the employee has had 24 sessions of physiotherapy and experienced some relief after therapy. The employee had limited left shoulder range of motion. However, the requesting physician did not include an adequate and complete assessment of the employee's objective functional condition prior to beginning physiotherapy in order to demonstrate objective functional improvements as well as remaining deficits. Additionally, the request for 12 additional sessions of physiotherapy would exceed the guideline recommendations. Therefore, the request for additional physiotherapy 3 times per week for 4 weeks, left shoulder is not medically necessary or appropriate.