

Case Number:	CM14-0003016		
Date Assigned:	01/29/2014	Date of Injury:	09/21/2010
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/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 injured worker is a 52 year old female with an injury reported on 09/21/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/21/2013, reported that the injured worker complained of left shoulder problem. The physical examination findings reported tenderness to the left shoulder, and the pain was characterized as mild 2/10. The range of motion of the left shoulder demonstrated an internal rotation to 60 degrees, external rotation to 75 degrees, and flexion to 140 degrees. It was noted that the injured worker had completed 12 physical therapy sessions with considerable improvement. It was also reported that her pain has decreased considerably since surgical intervention. The injured worker's diagnoses included status-post subacromial decompression left shoulder 05/28/2013. The request for authorization was submitted on 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TREATMENT TO THE LUMBAR SPINE FOR 18 SESSIONS 3 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: The request for physical therapy treatment to the lumbar spine for 18 sessions 3 times a week for 6 weeks is not medically necessary. The injured worker reported tenderness to the left shoulder with pain characterized as mild 2/10. The range of motion of the left shoulder demonstrated an internal rotation to 60 degrees, external rotation to 75 degrees, and flexion to 140 degrees. It was noted that the injured worker had completed 12 physical therapy sessions with considerable improvement. It was also reported that her pain has decreased considerably since surgical intervention. According to the California MTUS guidelines active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was noted that the injured worker reported that her pain has decreased considerably. It was also unclear if the injured worker had any significant functional deficits post her 12 physical therapy sessions. In addition, the request exceeds the guidelines recommended 8-10 visits over 4 weeks. Therefore, the request is not medically necessary.