

Case Number:	CM14-0125269		
Date Assigned:	09/16/2014	Date of Injury:	12/07/2013
Decision Date:	10/16/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/07/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

Based on the 07/03/2014 progress report, the patient complains of having left shoulder pain with a restricted range of motion. She is also beginning to have pain in her right shoulder due to overuse since she could not use her left arm. The request is for physical therapy 3 x 4 for the left shoulder. The utilization review letter states that the patient has had sessions of physical therapy before; however, there is no indication of how many sessions the patient had or when these sessions took place. There is also no discussion as to how the patient did with this previous physical therapy. The MTUS Guidelines pages 98, 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. The treater does not explain why the patient needs a total of 12 sessions of physical therapy. The total requested 12 sessions exceed what is allowed by MTUS. Recommendation is for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 left shoulder: Upheld

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

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

Decision rationale: Based on the 07/03/2014 progress report, the patient complains of having left shoulder pain with a restricted range of motion. She is also beginning to have pain in her right shoulder due to overuse since she could not use her left arm. The request is for physical therapy 3 x 4 for the left shoulder. The utilization review letter states that the patient has had sessions of physical therapy before; however, there is no indication of how many sessions the patient had or when these sessions took place. There is also no discussion as to how the patient did with this previous physical therapy. The MTUS Guidelines pages 98, 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. The treater does not explain why the patient needs a total of 12 sessions of physical therapy. The total requested 12 sessions exceed what is allowed by MTUS. Recommendation is for denial.