

Case Number:	CM14-0127156		
Date Assigned:	09/23/2014	Date of Injury:	05/10/2013
Decision Date:	10/22/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 59 year old female with a 5/10/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/15/14 noted subjective complaints of right shoulder pain and neck pain, as well as persistent low back pain. Objective findings included cervical paraspinal tenderness, and decreased ROM in the neck and left shoulder. Diagnostic Impression: Cervical Strain, Shoulder Strain. Treatment to Date: Medication Management, Acupuncture. A UR decision dated 8/1/14 denied the request for physical therapy (right shoulder/lumbar). There is limited clinical documentation of pathology or current significant objective and examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Right Shoulder/Lumbar): 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 therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 114

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. However, while there is subjective complaint of right shoulder pain and low back pain, there are no objective functional deficits such as decreased ROM documented of either body region. Therefore, the request for Physical Therapy (right shoulder/lumbar) is not medically necessary.