

Case Number:	CM14-0131842		
Date Assigned:	08/20/2014	Date of Injury:	10/13/2013
Decision Date:	10/21/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 32-year-old male who reported an injury on October 13, 2013, the mechanism of injury was not provided. On August 28, 2014, the injured worker presented with left shoulder pain. Upon examination, the injured worker's gait and movements are within baseline for the level of function. The injured worker was neurologically intact and appeared to be within the typical presentation. The diagnoses were pain in the joint of the upper arm, encounter for long-term use of other medications, and myalgia and myositis not otherwise specified. Prior therapy included medications. The provider recommended physical therapy to the left shoulder, the provider's rationale was not provided. The Request for Authorization form was not included in the medial documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (8-sessions, 2 times per week for 4 weeks, to the left shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 2-27.

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

Decision rationale: The request for Physical Therapy to left shoulder is not medically necessary. The California MTUS Guidelines state that active therapy is based on philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was lack of documentation indicating the injured worker's prior course of physical therapy, as well as efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks, the amount of physical therapy visits the injured worker underwent was not provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.