

Case Number:	CM14-0149446		
Date Assigned:	09/18/2014	Date of Injury:	03/03/2014
Decision Date:	10/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Pain Medicine 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's date of injury was March 3, 2014. The injured worker carries diagnoses of shoulder sprain/strain, chronic low back pain, lumbar intervertebral disc displacement, and possible left groin inguinal hernia. A utilization review determination on August 29, 2014 had certified a consultation to general surgery for the inguinal pain. This is in accordance to a progress note on date of service September 12, 2014. The patient has undergone nerve conduction studies which showed right cervical and right saphenous superficial neuropathy. The date of this electrodiagnostic study was April 28, 2014. The disputed requests is for additional physical therapy. The patient has attended 5 physical therapy sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks for the 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): 99.

Decision rationale: According to the submitted medical documentation, the patient has attended 5 sessions of physical therapy to date. The functional outcome and efficacy of this therapy is not

noted in the submitted documentation. The guidelines recommend tapering of physical therapy, and continuation of therapy only one functional benefit is demonstrated. This request is not medically necessary. A comprehensive summary of the patient's physical therapy to date including any discharge physical therapy notes was not submitted.