

Case Number:	CM14-0175423		
Date Assigned:	10/28/2014	Date of Injury:	12/22/2005
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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:

The patient is a 58 year old with an injury date on 12/22/05. The patient complains of new lumbar pain, with continuing left shoulder pain, and left leg pain per 9/3/14 report. The patient is seeing a chiropractor for new low back pain and aggravation of left upper extremity pain (after recent car accident), and is unable to lift heavy things or lift his arm above his head per 9/3/14 report. Based on the 9/3/14 progress report provided by [REDACTED] the diagnoses are left shoulder and left wrist injury, industrial related; and lower back pain, not industrial-related. Exam on 8/6/14 showed "decreased range of motion of left shoulder especially flexion/abduction." The patient's treatment history includes medication (Vicodin, Aspirin, Amlodipine) and chiropractic treatment. [REDACTED] is requesting 12 physical therapy sessions for the left shoulder. The utilization review determination being challenged is dated 10/2/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/1/14 to 9/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

Decision rationale: This patient presents with back pain, left shoulder pain, and left leg pain. The provider has asked for 12 physical therapy sessions for the left shoulder on 9/3/14. Review of the reports does not show any evidence of physical therapy being done in the past, or any surgeries. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has not had physical therapy yet and a course of 10 physical therapy sessions would be indicated at this time. The requested 12 sessions however, would exceed MTUS guidelines for this type of condition. Therefore, this request is not medically necessary.