

Case Number:	CM14-0211016		
Date Assigned:	12/23/2014	Date of Injury:	04/24/2011
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 51 year old female with an injury date on 4/24/11. The patient complains of pain in the bilateral elbows, bilateral shoulders, cervical spine, lumbar spine, bilateral knees, bilateral ankles/feet, and bilateral hands/wrists per 9/11/13 report. The patient has radiating pain from the back of the left knee that travels up to the left hip, and the left knee locks/snaps after the patient walks per 9/11/13 report. The patient's persistent pain affects her activities of daily living per 10/10/14 report. The patient rates her neck pain as 6/10 per 9/3/14 report. A physical exam on 9/3/14 showed "left shoulder range of motion slightly diminished." The 3/26/14 report showed "Wrist range of motion was limited especially on the right" per 3/26/14 report. The 11/3/14 report showed L-spine range of motion is limited, C-spine range of motion is limited, elbow (unspecified) range of motion is limited, knee (unspecified) range of motion is limited." The patient's treatment history includes medications, X-rays of the chest/bilateral shoulders/left knee, MRI of the C-spine, L-spine, bilateral wrists, bilateral feet, right elbow, and bilateral shoulders, 3 cortisone injections to the lumbar spine, acupuncture (40 sessions). The treating physician is requesting additional physical therapy session to the left shoulder x 6. The utilization review determination being challenged is dated 11/14/14. The requesting physician provided treatment reports from 9/11/13 to 11/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy sessions to the left shoulder x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 26-27.

Decision rationale: In this case, the patient had 12 recent sessions of physical therapy without documentation of benefit and another 12 sessions have already been authorized. It appears the treater is requesting an additional 6 sessions of physical therapy, but the patient has not yet completed the previously authorized 12 sessions. The requested additional 6 sessions would not seem reasonable until the authorized 12 sessions are completed, along with the documentation of any functional improvement. As such, the request is not medically necessary.