

Case Number:	CM15-0014411		
Date Assigned:	02/02/2015	Date of Injury:	06/03/2014
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female who reported an injury on 06/03/2014. The mechanism of injury was repetitive motion. Her diagnoses include shoulder impingement, shoulder joint pain, rotator cuff syndrome, shoulder sprain/strain, wrist pain, and wrist sprain/strain. Her past treatments have included modified duty, physical therapy, home exercise, and medications. In her followup appointment on 12/01/2014, the injured worker was noted to report improvement with physical therapy and home exercise, more in the shoulder than the lower back. Her physical examination revealed positive impingement syndrome of the right shoulder and tenderness over the subacromial region, with a decrease in range of motion. She was also noted to have tenderness over the left paralumbar muscles and no motor weakness. A recommendation was made to continue physical therapy 2 times a week for 4 weeks, as well as participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy times eight for the Right Shoulder/Lumbar, Right Shoulder, Lumbar Spine: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, up to 10 visits of physical therapy are recommended for patients with unspecified radiculitis or myalgia to promote functional improvement and provide instruction in a home exercise program. The previous determination letter indicates that the injured worker has had previous physical therapy to the right shoulder and lumbar spine, and has had significant objective functional improvement and residual deficits. However, the request was non-certified, as the number of physical therapy visits would exceed the guidelines, recommendation. The submitted clinical information did not specify the number of physical therapy visits the injured worker has completed to date. Additionally, clear objective functional deficits were not noted on physical examination on 12/01/2014 for the right shoulder or the lumbar spine. There was also no documentation of exceptional factors to warrant additional supervised physical therapy visits over participation in the injured worker's structured home exercise program at this time. For these reasons, the request is not medically necessary.