

Case Number:	CM15-0016737		
Date Assigned:	02/05/2015	Date of Injury:	11/29/2012
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/29/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 31 year old female, who sustained an industrial injury on 11/29/2012. The diagnoses have included cervical sprain, left shoulder sprain, brain injury with concussion and classical migraine. Treatment to date has included pain medications. According to the Primary Treating Physician's Progress Report dated 1/5/2015, the injured worker complained of intractable neck pain. The injured worker was noted to have a good response to Terocin patches. The pain was described as occasional aching. Symptoms were mild to moderate. There was pain radiation to the right lower extremity. Associated symptoms included migraines and waking up at night. The injured worker also complained of bilateral shoulder pain. Authorization was requested for a physical therapy program for the left shoulder for functional restoration. On 1/15/2015, Utilization Review (UR) non-certified a request for Physical Therapy Times Eight Visits for the Left Shoulder. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines - shoulder PT

Decision rationale: The available medical records report pain in shoulder but does not indicate rationale for PT or why the insured has not been able to trial self directed program for endurance and functional improvement. The records do not reflect specific objective functional outcome of previous physical therapy provided and does not indicate the functional goals of additional physical therapy at this time. There is no indication of other conservative therapy or self directed program to complement physical therapy to provide ongoing improvement. ODG guidelines do not support physical therapy for ongoing treatment of shoulder pain when used along. Additional physical therapy is not supported based on these findings.