

Case Number:	CM15-0113993		
Date Assigned:	06/22/2015	Date of Injury:	05/17/2014
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old female, who sustained an industrial injury on 05/17/2014. She reported injuring her left upper extremity and right shoulder after a fall at work. The injured worker is currently diagnosed as having lumbago, cervicgia, and pain in shoulder joint. Treatment and diagnostics to date has included physical therapy. In an initial physical therapy examination dated 05/22/2015, the injured worker presented with complaints of neck, right shoulder, and lower back pain. Objective findings include weakness and pain with right shoulder range of motion. The treating physician reported requesting authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x 4 wks cervical/ lumbar spine and right shoulder Qty: 12.00:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has recently completed 12 physical therapy visits without measurable functional gains or decrease in pain. This request for 12 additional visits is outside the recommendation of the guidelines and the injured worker should be able to continue with a self-directed home exercise program. The request for physical therapy 3xwk x 4 wks cervical/ lumbar spine and right shoulder Qty: 12.00 is not medically necessary.