

Case Number:	CM15-0040967		
Date Assigned:	03/11/2015	Date of Injury:	01/07/2014
Decision Date:	05/11/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 45-year-old female who reported an injury on 01/07/2014. The injured worker reportedly suffered an upper extremity injury when attempting to catch a falling box. The current diagnoses include left shoulder muscle strain, left shoulder internal impingement, thoracic sprain, and left trapezius strain. The injured worker presented on 02/13/2014 with complaints of persistent left upper back pain rated 7/10. The injured worker also reported 10/10 left shoulder pain. The current medication regimen includes Remeron, Vistaril, potassium chloride, Flonase, Claritin, and albuterol. Upon examination of the cervical spine, there was full range of motion with negative Spurling's maneuver, 5/5 motor strength in the bilateral upper extremities, and normal deep tendon reflexes. Examination of the shoulder also revealed full range of motion with 5/5 motor strength. Recommendations at that time included continuation of the current medication regimen and home care. A Request for Authorization form was then submitted on 02/13/2014 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 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder (Updated 10/31/14), Physical Therapy.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. There is also no documentation of a significant musculoskeletal or neurological deficit upon examination. Given the above, the request is not medically necessary.