

Case Number:	CM15-0072098		
Date Assigned:	04/22/2015	Date of Injury:	10/10/2013
Decision Date:	05/22/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/16/2015

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: Family Practice

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 43 year old female, who sustained an industrial injury on October 10, 2013. She has reported shoulder pain, neck pain, back pain, left arm pain and swelling, and headache. Diagnoses have included left shoulder rotator cuff dysfunction and tear, cervical spine strain, and thoracic spine strain. Treatment to date has included medications, physical therapy, acupuncture, shoulder surgery, trigger point injections, and imaging studies. A progress note dated March 18, 2015 indicates a chief complaint of left shoulder pain, neck pain, upper back pain, left arm pain and swelling, headache, and insomnia. The treating physician documented a plan of care that included additional acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: This patient receives treatment for chronic shoulder, neck, and back pain which are related to a work-related injury dated 10/10/2013. The documentation state that the patient has already received 72 sessions of physical therapy. This review addresses a request for 6 more sessions. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries or any post-operative conditions that would require more physical therapy at this time. Additional physical therapy sessions are not medically necessary.