

Case Number:	CM14-0140514		
Date Assigned:	09/10/2014	Date of Injury:	03/18/2014
Decision Date:	10/21/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old male who reported an injury on 03/18/2014 due to falling approximately 17 feet while on a ladder, which fell to the right side, causing a fracture to the clavicle. The injured worker complained of neck pain, left shoulder clavicle pain, mid lower back pain, right hip and thigh pain, left chest pain, and a history of headaches. The injured worker had a diagnosis of left shoulder sternoclavicular separation, left shoulder periscapular impingement, cervical musculoligamentous strain, thoracolumbar musculoligamentous strain, and right hip thigh contusion sprain. The diagnostics included an x ray of the cervical spine which revealed moderate calcification and anterior spurring from C4 to C7. X-ray of the left shoulder revealed minimal acromioclavicular joint narrowing with fracture. Past treatments included physical therapy and medication. The physical examination dated 07/16/2014 of the cervical spine revealed strain of the normal cervical lordotic curvature; tenderness to palpation was present over the subocular muscles, cervical paraspinal musculature, and upper trapezius muscles bilaterally. Spurling's maneuver elicited increased neck pain without a radicular component. Range of motion of the cervical spine was measured as followed: flexion was 42 degrees and extension was 46 degrees. Examination of the thoracolumbar spine revealed multiple, large, patchy areas of raised and thickened skin, consistent with psoriasis type. Tenderness to palpation with muscle guarding was present over the lumbar paraspinal musculature. Straight leg raise increased back pain bilaterally. Flexion was 48 degrees and extension was 18 degrees. The examination of the left shoulder revealed tenderness to palpation over the clavicle sternum. Tenderness to palpation was present over the periscapular region. 4/5 muscle weakness to all planes was noted with movement of the shoulder. Range of motion of the left shoulder was flexion to 155 degrees and extension 40 degrees. No medications available

for review. The treatment plan included physical therapy. The request for authorization dated 07/16/2014 was submitted within documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy treatment to the left shoulder for 4 sessions, 2x2: 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, Page(s): 98.

Decision rationale: The request for PHYSICAL THERAPY TREATMENT TO THE LEFT SHOULDER FOR 4 SESSIONS, 2X2 is not medically necessary. The California MTUS states that 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. Active therapy requires and internal effort by the individual to complete a specific exercise or task. Injured workers are instructed to continue active therapies at home as an extension of the therapy process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy. The injured worker had returned to work, and is doing a home exercise program. As such, the request is not medically necessary.