

Case Number:	CM13-0013873		
Date Assigned:	10/07/2013	Date of Injury:	03/03/2012
Decision Date:	01/13/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California, Ohio, and Pennsylvania. 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 physician 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 underlying date of injury in this case is 03/03/2012. The primary diagnosis is 723.1 or cervicalgia. Treating diagnoses additionally include skin sensation disturbance, brachial plexus injury, adhesive capsulitis of the right shoulder, right shoulder joint pain, and brachial neuritis. An initial physician review in this case notes that this is a 46-year-old woman with compensable injuries to the shoulders and cervical spine. That review notes that the patient completed 56 physical therapy sessions and had been instructed in a home exercise program and that the records did not provide rationale for additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FORMTEXT |six (6) additional outpatient physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation <https://www.acoempracguides.org> / Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders.

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 98-99, states, "Active therapy requires

an internal effort by the individual to complete a specific exercise or task. Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The guidelines anticipate that this patient would have transitioned to an independent home rehabilitation program by this time. The medical records do not provide specific goals or methods for additional therapy nor do the records provide a rationale for additional supervised rather than independent therapy. This request is not medically necessary.