

Case Number:	CM13-0014073		
Date Assigned:	12/11/2013	Date of Injury:	07/01/1997
Decision Date:	01/10/2014	UR Denial Date:	08/05/2013
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 Family Practice, has a subspecialty in ABPM, and is licensed to practice in California. 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 injured worker sustained an injury on 7/1/97 while helping an individual during a seizure. The injury resulted in chronic cervical and shoulder pain, as well as degenerative disk disease. She underwent right shoulder rotator cuff repair in 2010. A recent exam report indicated trigger points over the neck region. A steroid injection was given in the cervical region. The shoulder exam noted the injured worker to have decreased range of motion similar to previous findings. X-rays of the neck showed old cervical fusion. A request on 7/25/13 was made for physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 159-212.

Decision rationale: According to the guidelines cited above, physical therapy for neck pain is recommended for 1-2 visits for education, after which self-directed at-home exercises are recommended. Modified activities are also recommended. For shoulder strains after surgery,

management includes home exercises, analgesics, and work modifications. Physical therapy is not supported by the literature or recommended. The order for therapy in this case is also for a non-specific region. As a result, the requested treatment is not medically necessary.