

Case Number:	CM13-0020373		
Date Assigned:	12/13/2013	Date of Injury:	07/01/2005
Decision Date:	01/28/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/04/2013

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 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 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 patient is a 56-year-old female who reported injury on 07/01/2005. The mechanism of injury was noted the patient had to perform a lot of keyboarding, computer work, short hand, writing and filing. The patient was noted to have physical therapy and chiropractic care. The patient's diagnoses were noted to include myofascial pain, cervical radiculopathy, cervical degenerative disk disease, and impingement syndrome. The request was made for physical therapy for the right shoulder and cervical spine times 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right shoulder and cervical spine times twelve visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic spine: Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20spine%20-%20Table%202,%20Summary%20of%20Recommendations,%20Cervical%20and%20Thoracic%20Spine%20Disorders). ACOEM - [https://www.acoempracguides.org/Shoulder Disorders; Table 2, Summary of Recommendations, Shoulder Disorders](https://www.acoempracguides.org/Shoulder%20Disorders%20-%20Table%202,%20Summary%20of%20Recommendations,%20Shoulder%20Disorders). O

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

Decision rationale: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The patient's pain was noted to be described as moderate to severe, with profound limitations, with weakness and lock. However, clinical documentation submitted for review failed to indicate the type of therapy the patient had previously received, other than chiropractic care, and the patient's functional response to such therapy. Documentation failed to provide objectively the functional limitations the patient had to support ongoing therapy. Given the above, the request for physical therapy for the right shoulder and cervical spine times 12 visits is not medically necessary.