

Case Number:	CM13-0020449		
Date Assigned:	03/26/2014	Date of Injury:	03/19/2002
Decision Date:	04/29/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/04/2013

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 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 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 patient is a 72 year-old female who sustained an injury on 3/19/02 while employed by [REDACTED]. Request under consideration include Physical Therapy twice a week for six six weeks for the neck. Diagnoses include Cervicalgia and cervical intervertebral disc degeneration. Report of 8/2/13 from the provider noted patient with persistent shoulder pain rated as 4/10 which has improved with 12 recent therapy sessions, but was having some difficulty with the home exercise. Medications list Norvasc, Aspirin, Zestril, Zocor, Valium, and Vicodin. Exam noted normal gait and station; decreased range of motion to shoulder secondary to pain; strength of 4-5/5. Treatment recommendations included 12 additional physical therapy sessions while continuing with Vicodin and Valium for pain relief. Request for additional physical therapy was partially-certified on 8/23/13 from quantity of 12 to 2 sessions citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6 FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, PHYSICAL THERAPY, 98-99

Decision rationale: The Chronic Pain Medical Treatment Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient has received at least 12 visits with an additional 2 sessions to re-educate on the HEP. There is no new evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment request. The request for physical therapy twice a week for six weeks for the neck is not medically necessary and appropriate.