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| Case Number: | CM13-0023944 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/28/2012 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 08/12/2013 |
| Priority: | Standard | Application Received: | 09/13/2013 |

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 Anesthesiology and has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 28 year old female presenting with neck, right shoulder and mid back pain following a work related injury on 1/28/2012. MRI of the cervical spine was significant for C5-6 uncovertebral spurring. MRI of the right shoulder was significant for mild acromioclavicular joint hypertrophy. MRA of the shoulder was normal. The physical exam was significant for pain to resisted rotator cuff testing and nontender focally about the shoulder. The claimant had a subacromial injection which did not give her relief. The claimant was diagnosed with right shoulder persistent pain refractory to conservative care efforts. The medical records noted that the claimant had 19 months of physical therapy previously. A claim was made for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy.

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

Decision rationale: Physical therapy is not medically necessary. Page 99 of California MTUS states "physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended." The claimant's medical records note that 19 months of physical therapy was previously completed. Per California MTUS Guidelines, the claimant has reached her maximum limit; therefore, the request is not medically necessary.