

Case Number:	CM13-0032818		
Date Assigned:	12/06/2013	Date of Injury:	05/04/1995
Decision Date:	02/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 & Rehabilitation, and is licensed to practice in Oklahoma and 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 74-year-old female who reported an injury on 05/04/1995. The mechanism of injury was not provided. The patient was noted to have prior physical therapy. The patient was noted to have complaints of intermittent pain moderate to severe 7/10 to 8/10 in the cervical spine with radiating pain through the shoulders bilaterally extending to the upper arms. The patient's diagnoses were noted to include cervical strain and bilateral shoulder strain. The request was made for physical therapy 2x4 to cervical and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 to cervical and bilateral shoulders: Upheld

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

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

Decision rationale: The MTUS guidelines indicate that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and

myositis. The clinical documentation submitted for review indicated the employee had previous therapy. There was lack of documentation indicating the employee's objective functional response to the previous therapy, as well as the number of sessions the employee participated in. As the employee had previously participated in physical therapy, the employee should be well versed in a home exercise program. Given the above, the request for physical therapy 2x4 to the cervical and bilateral shoulders is not medically necessary.