

Case Number:	CM13-0033735		
Date Assigned:	12/06/2013	Date of Injury:	09/30/1999
Decision Date:	02/05/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/10/2013

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 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 patient was a 48 year old female with complaints of pain to bilateral head, anterior neck, bilateral lateral neck, bilateral posterior neck, bilateral shoulder and bilateral arm pain as noted on 12/02/2013. The patient stated that her pain radiated to her arms head and upper back. The patient had no motor weakness upon examination. The patient did not have objective findings of functional deficits, decreased flexibility nor decreased range of motion noted. The patient's complaint was pain which is being managed with medications. The patient participated in physical therapy for unspecified number of physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for EDGELOW PROTOCOL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy for EDGELOW PROTOCOL is non-certified. Physical therapy is recommended for restoring flexibility, strength, endurance, function, and range of motion by guidelines. The patient has documented pain and difficulty

performing ADLs due to the pain. However, there were no objective findings of limited range of motion, lack of flexibility or decreased strength and endurance submitted for review. The guidelines recommend up to 10 sessions of physical therapy. The request for physical therapy did not specify the number of sessions. Furthermore, the number of sessions the patient participated in were not submitted for review. Given the information submitted for review the request for physical therapy for EDGELOW PROTOCOL is non-certified