

Case Number:	CM13-0042697		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2006
Decision Date:	03/05/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/31/2013

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 Illinois. 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 a work related injury on 02/16/2006, as the result of repetitive trauma. The clinical note dated 09/05/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient presents for treatment of the following diagnosis, degeneration of cervical intervertebral disc, pain in joint involving shoulder region, and medication management. The provider documents the patient's range of motion about the right shoulder has decreased, the patient reports moderate cervical spine and right shoulder pain. The provider recommended physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once or twice a week for two months: 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 current request is not supported. The clinical documentation submitted for review failed to evidence significant objective findings of symptomatology to support physical therapy interventions at this point in the patient's treatment. The clinical notes did not

indicate when the patient last utilized a course of physical therapy and the efficacy of treatment. California MTUS indicates to allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. At this point in the patient's treatment, 8 years status post a work related injury, utilization of an independent home exercise program would be indicated. As such, given all of the above, the request for 1 to 2 times a week for 2 months is not medically necessary or appropriate.