

Case Number:	CM13-0045270		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2013
Decision Date:	04/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 53 year old man with a date of injury of 2/1/13 and a left elbow and shoulder injury. An EMG/NCS of 7/13 showed mild left medial neuropathy at the wrist and a cervical spine MRI was normal. He was seen by his physician on 10/14/13 complaining of right shoulder pain and was noted to have tenderness to palpation in the trapezius muscles with a positive impingement test. Reflexes were normal but range of motion and sensation was reduced in the shoulder and cervical spine. He was status post right shoulder surgery in 6/10 and was diagnosed with right shoulder impingement and cervical spine sprain/strain with right upper extremity radiculopathy. An MRI and physical therapy were requested and the physical therapy sessions are at issue in this review. The records indicate that he underwent 16 sessions of physical therapy already for his injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY VISITS FOR THE CERVICAL SPINE AND LEFT SHOULDER: 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 Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used (16 sessions) as a modality and a self-directed home program should be in place. The records do not support the medical necessity for an additional 12 physical therapy visits in this individual with chronic neck and shoulder pain.