

Case Number:	CM13-0046004		
Date Assigned:	12/27/2013	Date of Injury:	04/04/2013
Decision Date:	04/25/2014	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 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 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 patient is a 56 year old male with a date of injury of 04/04/2013. The listed diagnoses per [REDACTED] are: 1) Cervical sprain/strain, rule out HNP 2) Cervical spine radiculopathy 3) Bilateral shoulder sprain/strain, rule out internal derangement 4) Thoracic spine strain/strain, rule out HNP 5) TMJ- pain dysfunction syndrome. According to report dated 08/27/2013 by [REDACTED] the patient presents with neck, bilateral shoulder and mid-back pain. The patient Final Determination Letter for IMR Case Number CM13-0046004 3 complains of burning, radicular neck pain and muscles spasms. The neck pain radiates down to the bilateral upper extremities, associated with numbness and tingling. The bilateral should pain also radiates down the arms to the finger, associated with muscle spasms. The mid-back pain is described as radicular mid back pain and muscles spasms. Examination of the cervical spine revealed tenderness on palpation at the paraspinal, trapezius and scalene muscles. Decreased range of motion on all planes noted. Examination of the bilateral shoulder revealed tenderness to palpation at the rotator cuff tendons and muscles attachment sites. Range of motion is mildly decreased in both shoulders. The treater requests TENS unit, 18 physical therapy sessions, Shock wave therapy, MRI of the shoulders, cervical spine and thoracic, EMG/NCV and referral to a TMJ specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES PER WEEK FOR 6 WEEKS, FOR TREATMENT OF THE RIGHT AND LEFT SHOULDER, CERVICAL SPINE AND THORACIC SPINE:

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 patient presents with neck, bilateral shoulder and mid-back pain. The treater is requesting physiotherapy for the right and left shoulder and cervical and thoracic spine for 3 times per week for a period of 6 weeks. The MTUS Chronic Pain Guidelines recommends physical therapy for myalgia, myositis and neuralgia type symptoms at 9-10 visits over 8 weeks. In this case, the medical records document that this patient received 11 physical therapy sessions from 04/18/2013 through 05/24/2013. There were no therapy reports available to determine how the patient responded. The treater's request is not accompanied with any specific rationale for 18 sessions. No disussion is provided regarding the patient's specific needs, home exercises, what is to be accomplished, and how the therapy has worked or not worked in the past. Furthermore, the treater's request for an additional 18 sessions far exceeds what is recommended by the MTUS Chronic Pain Guidelines. The request for physical therapy 3 times per week for 6 weeks is not medically necessary and appropriate.