

Case Number:	CM13-0047603		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2012
Decision Date:	02/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 52 year old woman with a date of injury of 06/15/2012. The listed diagnosis per [REDACTED] dated 03/11/2013 is: 1. Strain of wrist, arm and shoulder 2. Dequervains Tenosynovitis 3. Strain of neck. Utilization review dated 10/11/2013 makes reference to progress report dated 09/09/2013 by [REDACTED], unfortunately that report was not provided for my review. According to the Utilization letter, patient was seen by [REDACTED] on 09/09/2013 with continued complains of neck and right shoulder pain. Examination showed cervical tenderness and reduced right shoulder range of motion and positive impingement signs. Treater is requesting additional 8 physical therapy sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks to the cervical spine: 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 Page(s): 98-99.

Decision rationale: This patient presents with neck and right shoulder pain. Treater is requesting additional 8 physical therapy sessions for the cervical spine. There is no rationale provided by the treater for the requested therapy. There is no documentation of functional decline, new injury, or flare-up that would warrant additional therapy. Medical records show that the patient had 14 physical therapy sessions for the cervical spine, dating from 01/04/2013 to 4/29/2013. MTUS guidelines page 98, 99 recommends for Myalgia and myositis type symptoms, 9-10 visits over 8 weeks. This already received adequate therapy in 2013 and should have been informed of home-based exercise program. Treater's request for additional 8 sessions exceeds what is allowed by MTUS given 14 sessions already provided in 2013. Recommendation is for denial.