

Case Number:	CM13-0055172		
Date Assigned:	12/30/2013	Date of Injury:	12/11/2010
Decision Date:	05/02/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 38 year-old female who was injured on 12/11/2010. She has been diagnosed with cervical facet hypertrophy with bilateral neuroforaminal narrowing at C4/5, C5/6, C6/7 and C3/4 per MRI, suspected labral tear with glenoid rim on right shoulder per MRI, s/p right shoulder arthroscopy, right-sided C4, C5, C6 dorsal rami involvement confirmed by EMG, chronic myofascial pain syndrome and depression. According to the 11/11/13 pain management report from [REDACTED], the patient presents with severe constant 7-8/10 neck pain and headache radiating down the right upper extremity and occasionally down the left. She was reported to have a flare up of shoulder pain on 6/24/13 and was suspected to have developed CRPS. On 10/17/13 UR recommended denial of 8 sessions of physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 visits of physiotherapy: Overturned

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 and right upper extremity pain. The records show the patient had a flare-up of the right upper extremity pain on 6/24/13 and has not had PT for that episode. She had hypersensitivity and was felt to have CRPS. MTUS guidelines recommend 8-10 sessions of PT for various myalgias and neuralgias and up to 24 sessions for CRPS. The request for 8 sessions of PT for the recent flare-up appears to be in accordance with MTUS guidelines.