

Case Number:	CM13-0056413		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2010
Decision Date:	05/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 an employee of [REDACTED] and has submitted a claim for cervicgia and shoulder sprain/strain associated with an industrial injury date of August 25, 2010. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy, trigger point injections, acupuncture and shoulder surgery. Utilization review dated November 18, 2013 denied the request for physical therapy once a week for twelve weeks for the left upper extremity and cervical spine due to extended course of physical therapy with a total of 42 authorized visits and with limited evidence of significant functional gains. Medical records from 2013 were reviewed and showed left shoulder pain graded 8/10 with numbness and tingling of the left upper extremity. Most recent progress report submitted was dated January 4, 2013 which showed diffuse soft tissue muscle tenderness in the cervical paraspinal muscles and trapezius with limitation of motion of the right shoulder on physical examination. The patient had a total of 42 physical therapy visits according to a utilization review on November 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT UPPER EXTREMITY AND CERVICAL SPINE (1 TIME PER WEEK FOR 12 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and page 114 of the MTUS/ACOEM Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, the patient had an extended course of physical therapy with a total of 42 visits. There is insufficient information obtained from the medical records submitted regarding functional improvements derived from the treatment sessions. Furthermore, it is not clear as to why the patient is still not versed to a home exercise program. The medical necessity for continued physical therapy has not been established. The request for physical therapy for the left upper extremity and cervical spine once per week for 12 weeks for the left upper extremity and cervical spine is not medically necessary and appropriate.