

Case Number:	CM13-0056484		
Date Assigned:	12/30/2013	Date of Injury:	01/09/2013
Decision Date:	03/31/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 female who reported an injury on 01/09/2013. The mechanism of injury was not specifically stated. The patient is diagnosed with cervical sprain, right shoulder impingement, and cervical radiculopathy. A primary treating physician's progress report was submitted by [REDACTED] on 10/31/2013. Subjective complaints and objective findings were not provided on that date. Treatment recommendations included physical therapy 3 times per week for 3 weeks. A previous primary treating physician's orthopedic re-evaluation was submitted on 08/06/2013 by [REDACTED]. Physical examination of the cervical spine revealed slightly diminished range of motion with 5/5 motor strength and intact sensation. The patient also demonstrated slightly decreased range of motion in the right shoulder with positive empty can testing. Treatment recommendations at that time included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week x 3 weeks, Cervical, Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy (PT)

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The patient has completed an extensive amount of physical therapy to date. Documentation of objective measurable improvement was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.