

Case Number:	CM13-0061098		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2004
Decision Date:	04/07/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgery, has a subspecialty in 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 36 year old female who reported an injury on 06/28/2004. The patient was reportedly injured when she was struck by a falling box. The patient is currently diagnosed with cervical facet arthropathy, left ulnar neuropathy, cervical disc bulge, cervical disc disease, left shoulder impingement, left medial epicondylitis, myofascial pain and spasm, repetitive strain and overuse syndrome of the left upper extremity and simple partial epilepsy. The patient was seen by [REDACTED] on 10/08/2013. The patient reported moderate left-sided cervical pain. Physical examination revealed moderate left greater than right facet joint tenderness, positive cervical compression testing, normal range of motion, moderate myofascial tenderness at the left shoulder and positive painful arc testing on the left. The treatment recommendations included physical therapy 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. The MTUS Chronic Pain Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. The patient has been previously treated with physical therapy in the past. However, documentation of the previous course with total treatment duration and efficacy was not provided. Additionally, the request for physical therapy 3 times per week for 6 weeks exceeds MTUS Chronic Pain Guidelines' recommendations. Therefore, the request is not medically necessary and appropriate.