

Case Number:	CM13-0063521		
Date Assigned:	12/30/2013	Date of Injury:	07/09/2012
Decision Date:	06/30/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation has a subspecialty in Sports Medicine 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 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 injured worker is a 22 year old female who reported an injury on 07/09/2012 while moving large boxes. The injured worker has a history of ongoing complaints as it relates to her neck and left shoulder. On examination dated 11/08/2013, the injured worker was focally tender at the cervical spine along the left upper trapezius as well as along the rhomboids. Motor strength testing was intact, pain in the shoulder with regards to impingement I and II testing. Examination of lumbar spine demonstrated tenderness at the L4-L5 and L5-S1 levels. The injured worker has a diagnosis of cervical sprain/strain with radiation right upper extremity, right shoulder sprain/strain, lumbosacral sprain/strain with radiculopathy, congenital nerve root L5-S1 right side, and right superior iliac crest trigger point. Examination dated 09/04/2013 has medical treatment to date to include physical therapy 12 sessions, and two trigger point injections. Medications were Norco 10/325mg and Naproxen 500mg. The treatment plan was for physical therapy 2 times a week for 6 weeks for the lumbar spine and right shoulder. The request for authorization form was not within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY AT 2 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Treatment Guidelines , Physical Medicine..

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

Decision rationale: California Medical Treatment for Utilization Schedule (MTUS) guidelines recommends physical therapy 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The injured worker has had 12 sessions of physical therapy. However, the efficacy of the prior physical therapy was not documented. The request is for 12 visits over 6 weeks. This is in excess of the guidelines. Therefore, the request for physical therapy 2 times a week for 6 weeks for the lumbar spine and right shoulder is not medically necessary and appropriate.