

Case Number:	CM13-0064550		
Date Assigned:	01/03/2014	Date of Injury:	04/29/2004
Decision Date:	04/09/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & 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 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:

This is a 49 year-old female who was injured on 4/29/2004. She has been diagnosed with cervical radiculopathy; cervicobrachial syndrome; sciatica; lumbar strain; incision of salivary gland or duct; rotator cuff syndrome and bursitis. According to the 10/30/13 report from [REDACTED]. [REDACTED] the patient presents with 10/10 right shoulder and neck pain. The treatment plan was for PT 2x6 and acupuncture 2x6. The physician states the patient was approved for 8 sessions of PT but that it was not enough because of all the body regions involved. He requests an extension for acupuncture as well. There was no discussion of efficacy of either PT or acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck, low back and right shoulder (12 sessions): 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 guidelines

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

Decision rationale: According to the 10/30/13 report from [REDACTED], the patient presents with 10/10 right shoulder and neck pain. The patient had 8 sessions of PT without any mention of decreased pain, improved function or improved quality of life. The physician requests and additional 12 sessions of PT because of multiple body regions involved. MTUS states 8-10 sessions of PT are recommended for various myalgias and neuralagias. The additional 12 sessions of PT with the 8-sessions already provided, will exceed MTUS recommendations.