

Case Number:	CM13-0064674		
Date Assigned:	01/03/2014	Date of Injury:	01/23/2012
Decision Date:	04/04/2014	UR Denial Date:	11/22/2013
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 and Rehabilitation, has a subspecialty in Pain Management, 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:

The patient is a 47-year-old with a date of injury of 01/23/2012. The listed diagnoses per [REDACTED] dated 11/12/2013 are: (1) Left cervical/posterior shoulder traps, (2) Myofascial pain syndrome secondary to pulling injury with hand trauma. According to report dated 11/12/2013, the patient presents with complaints of neck pain. The patient states the pain level today is 5/10. Examination shows "tender left traps diffuse". This is the extent of the physical examination reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left shoulder and upper arm, twice per week for three weeks:

Upheld

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

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

Decision rationale: This patient presents with continued complaints of the neck. The treater is requesting physical therapy for the upper extremities, twice per week for three weeks. Medical records indicate this patient was transferred care from [REDACTED] to [REDACTED] on

10/01/2013. This patient was prescribed 12 physical therapy sessions by [REDACTED] with the initial physical therapy starting 07/03/2013. Final Determination Letter for IMR Case Number [REDACTED] 3 For physical medicine, the Chronic Pain Medical Treatment Guidelines recommend for myalgia and myositis type symptoms 9 to 10 visits over 8 weeks. This patient has already had twelve sessions prescribed by the previous treater [REDACTED]. The request for physical therapy to the left shoulder and upper arm, twice per week for three weeks, is not medically necessary or appropriate