

Case Number:	CM13-0067083		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2003
Decision Date:	06/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 and Rehabilitation, 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 61-year-old who reported an injury on April 25, 2003 due to cumulative trauma. On November 6, 2013 the injured worker reported having tightness at the cervical spine which extended to both shoulders with the left being greater than the right. She was status post right shoulder diagnostic and arthroscopy with rotator cuff repair performed on September 16, 2011 and left shoulder arthroscopic decompression acromioplasty and debridement with rotator cuff repair on May 16, 2008. Diagnoses included posttraumatic tendonitis, bursitis and impingement left shoulder, bilateral wrist De Quervian's tenosynovitis with chronic fibromyalgia, rule out inflammatory arthritis, and MRIs confirming disc protrusions at C3 through C6 with right ulnar mononeuropathy. Past treatments included physical therapy and acupuncture. The treatment plan was therapy for the cervical spine and bilateral upper extremities. The request for authorization form was included for review and signed on November 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY FOR THE CERVICAL SPINE AND BILATERAL UPPER EXTREMITIES:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), PHYSICAL MEDICINE,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Physical Therapy Guidelines

Decision rationale: The request for therapy for the cervical spine and bilateral upper extremities is non-certified. It was noted in the documentation that the injured worker utilized physical therapy and acupuncture. According to the Chronic Pain Medical Treatment Guidelines a reduction of treatment frequency is recommended plus active self-directed home Physical Medicine. Continuation of active therapies at home as an extension of the treatment process is instructed and expected to maintain improvement levels. The Official Disability Guidelines states that physical medicine treatment should be an option when there is evidence of a musculoskeletal or neurologic condition with functional limitations and when there is compliance with care and significant functional gains with treatment. There was no reports of the injured worker continuing active physical medicine at home or that the treatment provided her with functional gains. In addition, the request does not specify the nature of "therapy" or the quantity of sessions requested. The request for therapy for the cervical spine and bilateral upper extremities is not medically necessary.