

Case Number:	CM13-0068595		
Date Assigned:	01/03/2014	Date of Injury:	12/02/2012
Decision Date:	07/24/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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, 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 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 patient is a 51 year old male with date of injury 12/2/12. The treating physician report dated 11/5/13 indicates that the patient presents with pain affecting the cervical spine, left elbow, right elbow and bilateral shoulders. Right and left shoulder MRI reports dated 10/25/13 reveal supraspinatus and infraspinatus tendonitis, acromioclavicular osteoarthritis and subchondral cyst formation of the right humeral head. The current diagnoses are cervical disc displacement, cervical S/S, left elbow S/S and right elbow S/S. The utilization review report dated 11/27/13 denied the request for physical therapy for bilateral shoulders 12 sessions based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL SHOULDERS, TWELVE SESSIONS:

Upheld

Claims Administrator guideline: Decision based on 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: The patient presents with bilateral shoulder, bilateral elbow and cervical pain. The current request is for physical therapy for the bilateral shoulders 12 visits. There is no documentation of any prior physical therapy in the treating physician report dated 11/5/13. The California MTUS guidelines allow 8-10 therapy visits for myalgia and neuritis type symptoms. The current request for 12 sessions exceeds what California MTUS allows for this type of condition. The provider in this case states in the treatment plan, "Physical Therapy- 2x6." There is no supporting documentation provided to alter the California MTUS recommendation of 8-10 PT visits. Therefore the request is not medically necessary.