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| Case Number: | CM13-0072495 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 05/04/2009 |
| Decision Date: | 10/13/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

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 Family Medicine 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:

This injured worker's date of injury is 05/04/2009. This patient receives treatment for chronic neck pain with radiation to the left upper extremity. Medical records from the original claim were not included. The patient's injuries are from repetitive activities. The medical diagnoses include: cervical spine strain, thoracic spine strain, failed R shoulder surgery, and left shoulder strain. A cervical MRI showed foraminal encroachment at C5-6. The patient has received both physical therapy and acupuncture for these problems. Medications used include: Norco, Flexeril, Lyrica, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY 6 SESSIONS FOR THE BILATERAL SHOULDERS AND CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG SHOULDER (ACUTE AND CHRONIC)

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

Decision rationale: The treating physician's documentation do not make clear if there is a new injury that requires physical therapy. The original claims dates back over 4 years ago. The patient

already received physical therapy for the pain. Treatment guidelines specify that physical therapy should be faded and then an active home exercise program continue. The request for more Physical Therapy is not medically necessary.

ACUPUNCTURE 6 SESSIONS FOR THE BILATERAL SHOULDERS AND CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG SHOULDER (ACUTE AND CHRONIC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: Acupuncture, California Code of Regulations, Title 8, Special Topics

Decision rationale: This patient's injury dates back over 4 years. The patient has already been treated with acupuncture for the problems. The documentation does not make clear what the patient's level of function is nor why additional acupuncture is needed. The request for more Acupuncture is not medically necessary.