

Case Number:	CM14-0000645		
Date Assigned:	01/17/2014	Date of Injury:	06/05/2013
Decision Date:	06/13/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery, 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 claimant is a 37-year-old female who was injured on June 5, 2013. The November 28, 2013 progress note documents the following. The original injury is documented as occurring when the claimant pulled a drawer out that weighed approximately 50 pounds with the left hand and felt sharp pain in the "right" shoulder and neck. The clinician then goes on to note that physical therapy was authorized for the left shoulder and the claimant endorses attending 7-8 sessions which provided no benefit. The examination documents tenderness palpation about the cervical spine and left shoulder, and diminished range of motion of the cervical spine and left shoulder. Sensation is documented as being diminished in the left upper extremity over a C6 and C7 dermatomal distribution. The clinician indicates that MRI and EMG/NCV studies were previously obtained but these were not available for review at time of the appointment. The utilization review in question was rendered on December 5, 2013. The reviewer modified the request from 8 visits to 4. The reviewer indicates that physical therapy was previously undertaken, but only 5 visits could be completed secondary to pain. The reviewer recommended for additional visits followed by reevaluation to determine if any objective functional improvement was gained from the therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: 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 MEDICINES Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines recommends physical therapy as an option for the management of chronic pain and recommends fading treatment frequency plus an active self-directed home exercise plan. Based on clinical documentation provided, the claimant has previously completed 8 sessions of physical therapy without any significant benefit. It is unclear how an additional 8 sessions of physical therapy would clinically benefit this individual. As such, the request is considered not medically necessary and appropriate.