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| Case Number: | CM14-0008112 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 11/13/2010 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/13/2014 |
| Priority: | Standard | Application Received: | 01/22/2014 |

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 Physical Medicine and Rehabilitation 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 initial date of injury in this case is 11/13/2010. The current diagnosis is cervical myelopathy, status post an intercervical discectomy and fusion on 03/10/2011. The patient previously attempted approximately 36 sessions of postoperative physical therapy. An additional physical therapy sessions were subsequently requested and are subject to review. On 02/17/2014, the patient's spine surgeon submitted a progress report and request for shoulder physical therapy. The patient reported improving upper and lower extremity weakness since surgery in March of 2011 with residual right lower extremity weakness and also bilateral shoulder impingement. On examination of the shoulders, there were positive impingement/apprehension signs bilaterally, worse on the left, with decreased range of motion and also pain to palpation over the left shoulder. The treatment request was for authorization for physical therapy for bilateral rotator cuff tears, left greater than right.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY BILATERAL SHOULDERS: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule/Chronic Pain Medical Treatment Guidelines section on physicial medicine recommends to allow for fading of treatment frequency and transition to an independent home rehabilitation program. This patient previously received at least 36 postoperative physical therapy visits. The medical records do not provide a specific rationale, goals, or methods for additional supervised, rather than independent, physical therapy. This request is not medically necessary.