

Case Number:	CM14-0008367		
Date Assigned:	02/12/2014	Date of Injury:	04/22/2013
Decision Date:	08/06/2014	UR Denial Date:	12/26/2013
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 Family Medicine and is licensed to practice in Utah. 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 48 year-old male. The patient's date of injury is 4/22/2013. The mechanism of injury was described at the patient being on a ladder, pulling a wire manual, when the wire gave way, he twisted his back. The patient has been diagnosed with cervicalgia, myofascial pain syndrome, chronic pain syndrome, rotator cuff tear and insomnia. The patient's treatments have included physical therapy and medications. The physical exam findings, dated Dec 06, 2013 shows that on muscle strength his shoulder abduction is 4-/5 on the right and 5/5 on the left, elbow flexors are noted as on the right and 5/5 on the left, the wrist extensors are noted as on the right and 5/5 on the left. The patient's medications have included, but are not limited to, Vicodin. The request is for physical therapy as described above. It was noted in the clinical documents that the patient did well and felt better after the physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL/ RIGHT UPPER LIMB PHYSICAL MEDICINE 2 X WEEK QTY 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Neck and Upper Back, Shoulder and Elbow (Acute & Chronic).

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

Decision rationale: California MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Physical therapy as written above. California MTUS guidelines state the following: Physical therapy recommended as an option for treatment of neck pain with a maximum of 9 visits over 8 week timeframe. A partial certification was approved for the patient which included a trial of 6 sessions of Physical Therapy. According to the clinical documentation provided and current California MTUS guidelines; physical therapy/medicine, as stated above, is not indicated as a medical necessity to the patient at this time.

CERVICAL / RIGHT UPPER LIMB ADDITIONAL PHYSICAL THERAPY 2 X WEEK QTY 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG Treatment, Neck and Upper Back, Shoulder and Elbow (Acute & Chronic).

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

Decision rationale: California MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy as written above. California MTUS guidelines state the following: physical therapy recommended as an option for treatment of neck pain with a maximum of 9 visits over 8 week timeframe. A partial certification was approved for the patient which included a trial of 6 sessions of physical therapy. According to the clinical documentation provided and current California MTUS guidelines; physical therapy/medicine, as written above, is not indicated as a medical necessity to the patient at this time.