

Case Number:	CM14-0008784		
Date Assigned:	02/12/2014	Date of Injury:	10/07/2010
Decision Date:	06/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/23/2014

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 & 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 60-year-old female with a date of injury of 10/07/2010. The listed diagnoses per [REDACTED] are: 1) Cervical degenerative disk disease. 2) Status post right shoulder rotator cuff repair. 3) Status post previous left knee arthroscopy on 12/18/2009. 4) Status post left shoulder arthroscopy on 07/08/2013 5) Left knee internal derangement. Medical records indicate this patient is status post left shoulder arthroscopy with extensive intraarticular debridement on 07/08/2013. On 08/16/2013, the patient presented with postoperative pain in the left shoulder. She complained of ongoing pain in the left knee and neck region as well. It was noted that she was authorized for chiropractic care for her neck as well as consultation with a knee specialist. The treatment plan is for 12 postoperative physical therapies for the left shoulder. On 12/30/2013, the patient reported worsening of her cervical spine pain and noted that the pain now radiates to her left shoulder. The patient has now completed all of her authorized postoperative physical therapy to the left shoulder, but remains very symptomatic of her cervical spine. Examination of the cervical spine revealed normal muscle group testing and within range of motion (ROM). The treater requests 6 physical therapy sessions to further strengthen in order to enhance the healing process for the cervical spine. Utilization review denied the request on 01/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PHYSICAL THERAPY VISITS FOR THE CERVICAL SPINE AS AN OUTPATIENT:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS,

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

Decision rationale: The patient presents with continued cervical spine pain. The treater is requesting 6 physical therapy visits to address the cervical spine issues. Utilization review has denied the request stating there are no significant findings warranting physical therapy for the cervical spine. Medical records indicate that the patient has had ample physical therapy addressing the left shoulder and lumbar spine, but has not received any formalized therapy for the cervical spine. For physical medicine, the MTUS Guidelines page 98 and 99 recommend for myalgia and myositis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the patient has not had physical therapy addressing the C-spine issues. A short course of 6 sessions may be warranted. Therefore, the request is medically necessary.