

Case Number:	CM14-0009061		
Date Assigned:	02/14/2014	Date of Injury:	06/06/2011
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 68-year-old male who sustained an injury on 06/06/2011 of an unspecified nature. The injured worker was evaluated on 12/17/2013 for complaints of bilateral shoulder weakness and neck pain. The subjective portion indicates the injured worker noted improvement in his pain. The physical examination noted the shoulders to have full range of motion, no rotator cuff weakness, no impingement signs, and neck range of motion was limited bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The documentation submitted for review did not indicate the injured worker's range of motion objectively. Therefore, the need for physical therapy cannot be substantiated. The California MTUS Guidelines recommend active therapy be based on the

philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As the documentation submitted for review did not indicate the injured worker's range of motion, strength, flexibility, and/or endurance, the medical necessity for physical therapy cannot be established. Given the information submitted for review, the request for physical therapy visits for the cervical spine is not medically necessary.