

Case Number:	CM14-0009174		
Date Assigned:	02/14/2014	Date of Injury:	11/29/2005
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
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 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 injured worker is a 54 year old female, who was injured on November 29, 2005. On December 4, 2013, the injured worker presented with increased symptoms to the right shoulder since the previous visit. The physical examination documents positive right shoulder impingement with diminished range of motion. Diagnoses is neck sprain/strain. The clinician recommends a trial of physical therapy prior to the need for operative intervention. The utilization review in question was rendered on December 26, 2013. The reviewer noncertified the request for eight physical therapy visits for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 8 SESSIONS TO CERVICAL SPINE 2X/WEEK FOR 4 WEEKS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

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

Decision rationale: The MTUS Chronic Pain Guidelines supports the use of physical therapy in the management of chronic pain for up to ten visits for the management of myositis. Based on the clinical documentation provided for review, the claimant presents with complaints of increased pain and exhibits positive impingement sign of the shoulder on examination. However, examination was not performed on the cervical spine. Given the lack of subjective complaints or objective findings for the cervical spine, the request is considered not medically necessary and appropriate.