

Case Number:	CM14-0104741		
Date Assigned:	07/30/2014	Date of Injury:	12/10/2013
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 patient is a 59-year-old female with a date of injury of 12/10/2013. The listed diagnoses per [REDACTED] are Cervical disk protrusion, C3-C4 and C4-C5 and Bilateral trapezial strain. According to the progress report 05/22/2014, the patient presents with continued neck and right shoulder pain. Examination of the neck revealed tenderness over the spine, paracervical and suprascapular musculature. There is decreased range of motion. Examination of the shoulders reveal tenderness over the suprascapular area bilaterally with decreased flexion and abduction bilaterally. The treating physician is requesting additional physical therapy twice a week for four weeks for the cervical spine and right shoulder. Utilization Review denied the request on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 4 weeks to the cervical spine, right shoulder and trapezius: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: Review of physical therapy progress notes indicates the patient feels better with physical therapy treatment. Report 03/28/2014 indicates the patient still has pain, but physical therapy is helping her motion and decreasing intensity of pain. On 03/31/2014, the patient reported feeling "minimal pain." Between 01/31/2014 and 04/15/2014, the patient received 18 physical therapy treatments. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-type symptoms, 9 to 10 visits over 8 weeks. In this case, the patient has had 18 sessions thus far. The treating physician does not discuss why the patient would not be able to transition into a home exercise program. Furthermore, the treating physician request for eight additional sessions with the 18 already received exceeds what is recommended by MTUS. Therefore, the request for additional physical therapy twice a week for four weeks to the cervical spine, right shoulder and trapezius is not medically necessary and appropriate.