MAXIMUS Federal Services

Case Number:	CM14-0106823		
Date Assigned:	07/30/2014	Date of Injury:	08/03/2010
Decision Date:	08/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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 Rehabilitation & Pain Management 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 62-year-old female with date of injury of 08/03/2010. The listed diagnoses per [redacted] dated 06/03/2014 are: 1. Cervical degenerative disk disease. 2. Cervical radiculopathy. 3. Left shoulder impingement syndrome. 4. Left shoulder internal derangement. 5. Cervical myofascial pain syndrome. 6. Bilateral carpal tunnel syndrome. According to this report, the patient complains of persistent neck pain with stiffness and soreness. She states that she had good relief with physical therapy for her shoulders and continues to do exercise at home. She reports improved range of motion and less discomfort in the shoulders but still complaints of left-sided neck pain. The patient also complains of stomach irritation and discomfort. She reports dramatic relief with trigger point injections. The physical exam shows there is minimal tenderness to palpation at the left base of the skull to the left trapezius muscle and paravertebral muscles in the cervical region. She has some left C5, C6, and C7 dermatomal distribution of dysesthesia. There is some slight weakened grip of the left compared to the right. Minimal tenderness to palpation at the subacromial space and tip of the acromion. The utilization review denied the request on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: Physical Therapy to the cervical spine and left shoulder (2) times a 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 Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2014 web-based edition.

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

Decision rationale: This patient presents with neck and shoulder pain. The treating physician is requesting 8 physical therapy sessions for the cervical spine and left shoulder. The MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 05/19/2014 visit #14 shows that the patient reports increased neck and shoulder pain. There is tenderness to palpation over the left cervical paraspinals, upper trap, and levator scap. The progress report dated 06/03/2014 notes that the patient reports good relief with physical therapy for her shoulders and continues to do exercise at home. In this case, the patient has received 14 visits recently and when combined with the requested 8 additional sessions would exceed MTUS Guidelines. The patient should be able to continue with her current exercise regimen to improve range of motion and strength. Therefore, the request is not medically necessary.