

Case Number:	CM14-0108620		
Date Assigned:	08/01/2014	Date of Injury:	03/09/1998
Decision Date:	09/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/11/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 63-year-old female who was reportedly injured on 3/9/1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 7/8/2014, indicated that there were ongoing complaints of neck, right shoulder, and low back pains. There was no physical exam performed on this date of service. No recent diagnostic studies are available for review. Previous treatment included previous surgery, physical therapy, acupuncture and medications. A request was made for physical therapy of the cervical spine and right shoulder #6 visits and was not certified in the pre-authorization process on 4/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the neck and right shoulder . Quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Functional improvement measures Page(s): 104, 48.

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The injured worker has multiple chronic complaints

and review of the available medical records failed to demonstrate an improvement in pain or function. The injured worker underwent 4 sessions of functional restoration physical therapy and in the absence of clinical documentation of improvement in function or decrease in pain to support additional visits, this request is not considered medically necessary.