

Case Number:	CM14-0012397		
Date Assigned:	03/05/2014	Date of Injury:	07/26/2006
Decision Date:	04/23/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 Family Medicine 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 woman who was injured at work on 7/26/2006. She is requesting review of a denial for physical therapy for the cervical spine and right shoulder. Her medical records were reviewed and notable for her last office visit on 1/30/2014. Her complaints included neck and right shoulder pain. Examination of the neck was remarkable for spasm of the paraspinal muscles and tenderness of the trapezius muscles. Range of motion of the neck was limited due to pain. Her motor exam shows decreased strength bilaterally; however, the degree of loss of strength is not reported. An MRI of the cervical spine from 5/19/2010 was reviewed and was notable for mild disc disease. There was a 2.4 mm disc bulge at C6-7 with bilateral neural foraminal stenosis and nerve root impingement noted as well. An MRI of the right shoulder from 4/13/2011 was reviewed and was notable for a large intrasubstance of the supraspinatus tendon and a small subdeltoid effusion. Her diagnoses included: Cervical Radiculopathy; Bilateral Carpal Tunnel Syndrome; Right Shoulder Pain; Depression; Chronic Pain; NSAID Intolerance; History of Renal Insufficiency; Status Post Right Shoulder Surgery; Bilateral Carpal Tunnel Release. The treatment plan included a request for physical therapy 2 times per week for 4 weeks for the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES FOUR FOR THE CERVICAL SPINE AND RIGHT SHOULDER.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines include recommendations for physical therapy. These guidelines state that for "Myalgia and myositis, unspecified" 9-10 visits over 8 weeks are approved. They also indicate that for "Neuralgia, neuritis, and radiculitis, unspecified" 8-10 visits over 4 weeks are approved. The medical records indicate this patient had a previous treatment to include 26 physical therapy sessions to the right shoulder and 15 sessions to the cervical spine. The request for additional physical therapy does not provide evidence to suggest that the results of prior physical therapy sessions were effective in treating pain or improving functional status.