

Case Number:	CM14-0016197		
Date Assigned:	04/14/2014	Date of Injury:	03/10/2009
Decision Date:	06/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 03/10/2009. The mechanism of injury was not stated. The current diagnosis is tendinopathy. The injured worker was evaluated on 01/20/2014. The injured worker reported constant left neck pain with shoulder pain. Physical examination only revealed tight cervical paraspinal muscles. The treatment recommendations included physical therapy twice per week for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (2 X 1) FOR 2 MONTHS (TOTAL OF 16 VISITS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter and Shoulder Chapter: <http://www.odg-twc.com/preface.html#PhysicalTherapyGuidelines>.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The treatment for

myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 16 sessions of physical therapy greatly exceeds guideline recommendations. There is also no body part listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.