

Case Number:	CM14-0019836		
Date Assigned:	04/30/2014	Date of Injury:	07/27/2012
Decision Date:	07/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 injured worker is a 35 year old female with a reported date of injury on 07/27/2012; the mechanism of injury was not provided. The clinical note dated 02/27/2013 noted that the injured worker had complaints that included tightness to the neck, intrascapular area, and left shoulder and intermittent paresthesia in the left upper extremity. Objective findings included noted tightness to the intrascapular area and a positive impingement sign in the left shoulder but good strength in resisting abduction. Additional findings included reflexes measured at 2+ at the biceps, triceps, and brachial radialis bilaterally. It was noted that the injured worker had a high probability of having recurrence of symptoms that would need further evaluation however a diagnostic workup and invasive interventions could not be performed as the injured worker was 27 weeks pregnant. A previous X-ray from unknown date was referenced that revealed cervical degenerative disc disease at C5-C6. The request for authorization for physiotherapy 3x week for 3 weeks was submitted on 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY 3X3 FOR THE CERVICAL/ THORACIC SPINE AND LEFT SHOULDER: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend up to 10 visits of physical therapy for the restoration of flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The guidelines also state that the use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The need for physical therapy has not been established. It was noted that the injured worker already underwent an unknown number of physical therapy sessions. There is a lack of quantifiable evidence that the injured worker received significant functional improvement from the prior sessions. The number of sessions previously attended was unclear within the documentation. Furthermore, the treatment plan did not include the modalities to be used within the available documentation. The request for physiotherapy 3x3 for the cervical/thoracic spine and left shoulder is not medically necessary.