

Case Number:	CM14-0120919		
Date Assigned:	08/06/2014	Date of Injury:	02/11/2002
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 49 year old female with a work injury dated of 2/11/02. The diagnoses include right elbow musculoligamentous sprain/strain, compensatory consequence of right shoulder and cervical spine pain, cervical spine myofascial pain syndrome, status post right shoulder arthroscopic surgery with distal clavicle resection, cervical spine sprain/strain, lumbar-spine sprain/strain. Under consideration is a request for eight (8) Physical Therapy visits with deep tissue therapy to the Cervical Spine, two (2) times a week for four (4) weeks as an outpatient. There is a 6/24/14 primary treating physician document in which the patient complains of intermittent neck pain, rated 5/10, with radiation to the right upper extremity. She complains of frequent right shoulder pain, rated 5/10, which increases with overhead activity. Additionally, she reported stiffness and tightness of the right shoulder. She has low back pain which increases with prolonged sitting. She is getting physical therapy treatment at this time. On exam the range of motion of the cervical spine and right shoulder showed reduction of 25%. Motor examination reveals right upper extremity weakness rated at 4/5. Sensory examination reveals paresthesia at the right upper extremity. The treatment plan was that the patient is recommended to undergo a new course of physical therapy treatment for the cervical spine and right shoulder with deep tissue therapy, twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Physical Therapy with deep tissue therapy to the Cervical Spine, two (2) times a week for four (4) weeks as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Eight (8) Physical Therapy visits with deep tissue therapy to the Cervical Spine, two (2) times a week for four (4) weeks as an outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had physical therapy. Without documentation of the efficacy of this therapy and how many visits of physical therapy the patient has had it is not possible to recommend additional therapy. Therefore, the request for eight (8) Physical Therapy visits with deep tissue therapy to the Cervical Spine, two (2) times a week for four (4) weeks as an outpatient is not medically necessary.