

Case Number:	CM14-0134524		
Date Assigned:	08/29/2014	Date of Injury:	06/03/2014
Decision Date:	10/09/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 Pain Management 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 57 year old female with a date of injury of June 2, 2014. She stated that she was working as a home health nurse when she figured in a motor vehicle accident in which she was the restrained driver of a vehicle that was rear-ended by another vehicle. She was diagnosed with cervical spine sprain and strain and left trapezius sprain and strain. In the most recent progress report dated August 15, 2014 the injured worker complained of mild to moderate pain when she moved her head and left-sided shoulder pain when she turn her head to the left. She also stated that she has had 12 sessions of physical therapy which have been beneficial. Objective findings to the neck and left shoulder included limited range of motion in all planes due to guarding and spasm over the left trapezius areas. She was advised to continue with her regular activity. This is a review of the requested additional six sessions of physical therapy directed to the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (cervical/left shoulder) 2 times a week for 3 weeks: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Physical Therapy and Shoulder, Physical Therapy

Decision rationale: The medical records received have indicated that the injured worker has returned to perform her regular work duties after undergoing the previous 12 sessions of physical therapy that has been authorized. It was also indicated in the physical therapy visit note that she has been compliant to her home exercise program and that it is through this program that her symptoms are easing up. Additionally, there were no subjective and objective findings of flare-up of her symptoms that would warrant the additional physical therapy except for the limited range of motion and spasm which can be addressed through the home exercise program. Also, the Official Disability Guidelines state that for sprains and strains of the neck as well as the shoulder, physical therapy of 10 visits over 8 weeks for medical treatment is currently recommended. Therefore, for the injured worker who has had 12 sessions of physical therapy and is complying with her home exercise program with no current flare-up of symptoms, the additional six sessions is determined to be not medically necessary.