

Case Number:	CM14-0138523		
Date Assigned:	09/05/2014	Date of Injury:	08/31/2005
Decision Date:	09/25/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/27/2014

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 patient is a 54 year old female with a work injury date of 8/31/06. The diagnoses include shoulder disorders, generalized pain, sprain strain of the shoulder, sprain strain of the wrist. Under consideration is a request for physical therapy 12 sessions for the cervical spine and physical therapy 12 sessions for the right upper extremity. Her status is surgical intervention to the right upper extremity. She describes radiculopathy in the right upper extremity with numbness/tingling and weakness. Spasm, tenderness and guarding are noted in the paravertebral muscles along with guarding and decreased range of motion. The right deltoid strength is 4 out of 5. There is decreased dermatomal sensation with pain in the right C6 dermatome. There is a well healed right shoulder incision from prior surgery. The provider is requesting 12 physical therapy sessions due to the patient experiencing increased pain and weakness. The patient's medications have been refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions for the cervical spine: Upheld

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

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

Decision rationale: Physical Therapy 12 sessions for the cervical spine is not medically necessary per the MTUS Chronic Pain Guidelines. The documentation only reveals one progress note for review. The patient has a work injury dating back to 2006. It is unclear how much therapy and the outcome she has had from prior therapy sessions. Furthermore, the request exceeds the guideline recommendations of up to 10 visits for this condition. The request for physical therapy 12 sessions for the cervical spine is not medically necessary.

Physical Therapy 12 sessions for the right upper extremity: Upheld

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

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

Decision rationale: Physical Therapy 12 sessions for the right upper extremity is not medically necessary per the MTUS Chronic Pain Guidelines. The documentation only reveals one progress note for review. The patient has a work injury dating back to 2006. It is unclear how much therapy and the outcome she has had from prior therapy sessions. Furthermore, the request exceeds the guideline recommendations of up to 10 visits for this condition. The request for physical therapy 12 sessions for the right upper extremity is not medically necessary.