

Case Number:	CM14-0151305		
Date Assigned:	09/19/2014	Date of Injury:	06/01/2013
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/17/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 30 years old female with an injury date on 06/01/2013. Based on the 05/28/2014 progress report provided by [REDACTED], the diagnoses are: 1. Left side facial and tongue paresthesias 2. Cervical strain with left radiculitis 3. Left shoulder weakness 4. Left shoulder os acromiale According to this report, the patient complains of neck pain and left shoulder pain radiating into the left arm. The neck pain is aggravated when turning head side-to-side and tilting head up and down. Numbness and tingling are noted on the left side of the mouth. Grip strength of the right hand is 28, 32, and 34 kg. Grip strength of the left hand is 26, 30, and 32 kg. There were no other significant findings noted on this report. The utilization review denied the request on 08/20/2014. [REDACTED] is the requesting provider and he provided treatment reports from 04/15/2014 to 08/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical/ Left shoulder additional; Physical Therapy 2x/week, Qty#12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Neck & Upper Back; Physical Therapy (PT), Shoulder; Physical Therapy

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

Decision rationale: According to the 05/28/2014 report by [REDACTED], this patient presents with neck pain and left shoulder pain radiating into the left arm. The treater is requesting 12 sessions of physical therapy for the cervical/ spine and left shoulder. " For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records show that the patient has had 7 sessions of physical therapy from 06/05/2014 to 07/11/2014 with "15% improvement," current pain is at a 5/10. Given that the patient has had 7 sessions recently, the requested 12 additional sessions exceed what is allowed per MTUS. The request is not medically necessary.