

Case Number:	CM14-0152567		
Date Assigned:	09/22/2014	Date of Injury:	01/20/2005
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty 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 patient is a 53-year-old female with a 01/20/05 date of injury. The documentation provided contains an application for an independent medical review dated 08/21/14, referring to UR determination letter from 08/20/14 with attached Addendum 1 stating prior denial of physical therapy for cervical spine 2-3 times per week for 6 weeks. The only progress report provided is the requesting physician's report dated 02/24/14, in which the physician states complaints of right shoulder pain at 8-10/10 with numbness and tingling, examines the patient's right shoulder, indicates the patient is status post right shoulder arthroscopic rotator cuff repair and recommends physical therapy for right shoulder 2-3 times per week for 6 weeks. The prior Utilization Review (UR) determination letter from 08/20/14 states this was denied on 03/13/14 due to lack of documentation of objective functional improvement from the previously approved 12 sessions of post-op PT for right shoulder. This UR letter states that the physician's progress report dated 08/04/14 does not provide an evaluation of the patient's neck, only stating complaints of neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for cervical spine 2-3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 9792.22. General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter

Decision rationale: The presently provided documentation does not provide sufficient clinical grounds to evaluate the necessity for physical therapy for cervical spine, as the report attached does not discuss cervical problems, and the physician is not requesting this service in the attached report. The physician's report that contained this request is apparently from 08/04/14, and is not provided for review herewith. The request is not medically necessary and appropriate.