

Case Number:	CM14-0167318		
Date Assigned:	10/14/2014	Date of Injury:	03/18/2014
Decision Date:	12/08/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/10/2014

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 Emergency Medicine 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 41 year old female who reported an injury on 03/18/2014. The mechanism of injury reportedly occurred while the injured worker was trying to restrain a confused patient. Her diagnoses included thoracic strain/sprain and trapezius strain. Her past treatments included medications and physical therapy. Diagnostic studies included an MRI of the left shoulder on 04/22/2014 and an MRI of the cervical spine on 08/01/2014. The injured workers complaints on 10/07/2014 included continued pain to her neck, upper back and left shoulder, which she was managing with medication. Upon physical examination range of motion to the neck demonstrated 70 degrees of right and left rotation, 30 degrees of flexion, and 30 degrees of extension. No current medications were provided within the documentation. The treatment plan included advancement of restrictions as a result of gradual improvement, and revisit in four weeks. The physician's rationale for the request for eight more therapy sessions was to help decrease her pain and improve function. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times eight (8) sessions, left C-Spine, left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The request for Physical Therapy times eight (8) sessions, left C-Spine, left Shoulder is not medically necessary. The California MTUS Guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis. Active therapy necessitates effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker had gradual improvement as of 10/07/2014, with slight functional deficits in range of motion to the neck. The injured worker has had at least 10 sessions of physical therapy, returned to work and was performing home exercises. The request for 8 additional sessions would exceed the guideline recommendations. The provider indicated the injured worker had shown improvement as of 10/07/2014 with only slight functional deficits and continued with home exercises; however, the provider did not include objective documentation demonstrating the improvements. The requesting physician did not provide a recent assessment of the injured worker's shoulder to demonstrate current functional deficits. Given the lack of documentation, continuation of physical therapy would not be indicated. As such, the request is not medically necessary.