

Case Number:	CM14-0178583		
Date Assigned:	10/31/2014	Date of Injury:	06/11/2012
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/28/2014

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 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 58-year-old female who has submitted a claim for cervical spine strain, thoracic spine strain, lumbar spine strain, and status post right shoulder surgery associated with an industrial injury date of 6/11/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at multiple body parts involving the neck, mid back, low back, and right shoulder. Neck pain was described as dull radiating to the right upper extremity. Low back pain was localized and likewise dull. Aggravating factors included reaching overhead, bending, pulling, pushing, sitting, and standing. Muscle testing, reflexes, sensory testing, coordination, and gait were unremarkable. Treatment to date has included right shoulder surgery in 2012, physical therapy, and medications. Utilization review from 10/2/2014 denied the request for physical therapy 2 x 6 at the cervical, thoracic, lumbar, and right shoulder. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 6 cervical, thoracic, lumbar, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Postsurgical Treatment Guidelines.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis. In this case, the patient completed a course of physical therapy in the past. However, the total number of visits attended and functional outcomes are not documented. Given the duration of injury (since 2012), it is unclear why patient is still not versed on a home exercise program. Moreover, there are no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. Lastly, the most recent physical exam is unremarkable. Therefore, the request for PT 2 x 6 cervical, thoracic, lumbar, right shoulder is not medically necessary.