

Case Number:	CM14-0023687		
Date Assigned:	06/11/2014	Date of Injury:	07/07/2013
Decision Date:	07/15/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 Medicine and is licensed to practice in Minnesota. 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 53 year old female who reported an injury on 07/07/2013 sustained by falling down stairs at work. The injured worker was diagnosed with right shoulder strain and right rhomboid muscle strain. The physician placed her on conservative care where pain was initially reported at 4/10. The injured worker received ibuprofen, Prilosec and flexeril for pain and gastric distress. Chiropractic care was included with conservative care and the injured worker responded to treatment. The injured worker's physician noted on 10/24/2013 her pain is a 2/10 and only increases to 4/10 when aggravating the right arm with stretching or lifting. Flexion and abduction are 170 degrees, internal and external rotation is 80 degrees, and adduction and extension are 50 degrees. There is still limited range of motion to the right arm. Thoracic neurological deficits were not reported. The physician's focus has been on range of motion to the right arm. The physician is requesting physio therapy two times a week for six weeks to the thoracic spine. A request for authorization 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:

PHYSIO THERAPY 2 TIMES A WEEK FOR 6 WEEKS TO THE THORACIC SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The request for physio therapy two times a week for six weeks for the thoracic spine is non-certified. Under conservative care, the injured worker has already received physical therapy for an unspecified number of times with limited success. The injured worker's physician has noted the injury to the right arm is permanent and stable, pain levels have been reduced and she has been returned to work with stipulations. Neurological deficits to the thoracic spine were not measurably documented. Under MTUS Chronic Pain Medical Treatment Guidelines, the request exceeds the nine visits over six to eight weeks cap set in the guidelines. As such, the request is not medically necessary.