

Case Number:	CM14-0024641		
Date Assigned:	06/11/2014	Date of Injury:	02/25/2013
Decision Date:	08/04/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 and is licensed to practice in California and Washington. 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 44-year-old female who reported an injury on 02/25/2013, due to an unknown mechanism of injury. The injured worker complains of constant pain in her left shoulder and neck that is rated 3/10. On 05/05/2014, the physical examination revealed cervical spine range of motion at active extension 28 degrees, active flexion 52 degrees, active rotation left 50 degrees, active rotation right 52 degrees, active side bend left 28 degrees, and active side bend right 24 degrees. There were no diagnostic studies submitted for review. The injured worker had a diagnosis of rotator cuff rupture. The past treatment included one evaluation and seven physical therapy sessions. There was no current list of medications provided. The current treatment plan is for physical therapy 2 to 3 times a week for 4 weeks to the cervical. The rationale and Request for Authorization form were 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 2 TO 3 TIMES A WEEK FOR FOUR WEEKS TO THE CERVICAL: Upheld

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

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

Decision rationale: The request for physical therapy 2 to 3 times a week for 4 weeks to the cervical is not medically necessary. The injured worker has a history of left shoulder and neck pain. The CA MTUS guidelines state physical therapy is recommended as indicated: Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. The injured worker had physical therapy prior to the request. There was a lack of documentation in regards to functional improvement. In addition, the new request combined with the previous therapy received would exceed the guidelines recommendation. Given the above, the request for physical therapy 2 to 3 times a week for 4 weeks to the cervical is not medically necessary.