

Case Number:	CM14-0025293		
Date Assigned:	06/11/2014	Date of Injury:	03/06/2002
Decision Date:	07/18/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/27/2014

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 Illinois. 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 60-year-old female who reported an injury on 03/06/2002, the mechanism of injury was not provided. The clinical note dated 05/19/2014 noted the injured worker presented with continued persistent right shoulder, neck, and back pain, with muscle spasms in the neck. Prior therapy included medications and physical therapy. Upon examination, the injured worker was well-developed, well-nourished, with no cardiorespiratory distress. The injured worker's gait was grossly normal and nonantalgic. The diagnoses were syndrome cervicobrachial, neck pain, and lumbago. The provider recommended physical therapy 2 times a week for 6 weeks for 12 visits total to the right shoulder and neck. The provider's rationale was not included. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT), 2 X PER WEEK FOR 6 WEEKS (12 VISITS TOTAL), FOR THE RIGHT SHOULDER AND NECK: Upheld

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

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

Decision rationale: The request for physical therapy 2 times per week for 6 weeks (12 visits total) for the right shoulder and neck is not medically necessary. California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task or exercise. The guidelines allow for up to 10 visits of physical therapy over 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. An adequate examination of the injured workers shoulder and neck was not provided detailing current deficits to warrant physical therapy. The amount of physical therapy that has already been completed for right shoulder and neck was not provided. The request for 12 additional physical therapy visits exceed the recommendations of the guidelines. Therefore, the request is not medically necessary.