

Case Number:	CM14-0029901		
Date Assigned:	06/20/2014	Date of Injury:	10/16/2012
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58 year old male who sustained an injury to his neck on 10/16/12. The mechanism of injury is not documented. The injured worker continued to complain of increase in neck symptoms. Currently, he is rehabilitating from his right shoulder injury. Physical examination noted continuous restricted range of motion; restricted range of motion in the cervical spine; neurologically intact in the bilateral upper extremities with respect to deep tendon reflexes and sensation. Current medication includes Flexeril. The injured worker was diagnosed with cervical spine strain, left shoulder strain, and status post rotator cuff repair of the right shoulder. The plan of care included to continue shoulder rehabilitation. His medications were refilled for his increased neck symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The request for 12 sessions of physical therapy is not medically necessary. The California Medical Treatment Utilization Schedule (CA MTUS) guidelines recommends up to 24 visits over 14 weeks for the diagnosed injury not to exceed 6 months. The physical therapy notes provided for review were handwritten and difficult to decipher the injured worker's progression or regression through previous treatment. There was no additional significant objective clinical information provided that would support the need to exceed CA MTUS recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for 12 sessions of physical therapy has not been established.