

Case Number:	CM14-0030399		
Date Assigned:	06/20/2014	Date of Injury:	11/21/2012
Decision Date:	08/08/2014	UR Denial Date:	02/13/2014
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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 28-year-old female who reported an injury on 11/21/2012. The mechanism of injury was not provided. On 05/19/2014, the injured worker presented with a headache, neck pain with spasms and numbness and tingling to the bilateral arms, a stabbing left shoulder pain, and pain in the elbow, with stress, anxiety and depression. Upon examination of the cervical spine there was +2 tenderness at the suboccipital muscles, maximal foraminal compression, and decreased range of motion. Examination of the left shoulder revealed 2+ tenderness at the AC joint, subacromial space, supraspinatus and infraspinatus muscles, and decreased range of motion. Examination of the left elbow revealed 2+ tenderness at the olecranon, decreased range of motion, decreased strength, and decreased sensation. The diagnoses were headaches, cervicgia, sprain of the ligament of the cervical spine, cervical disc displacement, cervical radiculopathy, shoulder pain, bicipital tendon tear of the left shoulder, and lateral epicondylitis of the left elbow. Prior therapy included acupuncture treatment, Terocin patches, and medication. The provider recommended physical therapy for the cervical spine, left shoulder, and elbow. The provider's rationale is not provided. 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 2 X week X 4 weeks, cervical spine, left shoulder/Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines- physical therapy, neck & upper back, shoulder and elbow.

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

Decision rationale: The California MTUS state that active therapy is based on a 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 a internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to complete new active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The amount of physical therapy visits that the injured worker has already completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home, there's no significant barriers to transitioning the injured worker to an independent home exercise program. As such, physical therapy, for the cervical spine, left shoulder and elbow is not medically necessary.