

Case Number:	CM14-0031046		
Date Assigned:	06/20/2014	Date of Injury:	08/08/1999
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/12/2014

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 & Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 66 year old male with date of injury 8/8/99. The treating physician report dated 12/13/13 indicates that the patient presents with headaches, neck pain, bilateral shoulder pain, bilateral wrist pain and lower back pain. The patient has not been treated over the past 8 months and presents due to flaring of his condition. The current diagnoses are: 1.Spondylosis at C5/6 and C6/7 with disc protrusion at C5 and C6.2.Neurogenic units in the bilateral triceps muscles, suggestive of bilateral chronic C6/7 nerve root irritation per EMG/NCV study dated 1/28/11.3.Right shoulder impingement.4.Left shoulder impingement5.Bilateral carpal tunnel syndrome, moderate, per EMG/NCV 1/28/11.The utilization review report dated 2/20/14 denied the request for 8 physical therapy sessions based on the rationale that the results of previous physical therapy visits were not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy 2 times per week for 4 weeks cervical spine as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with flaring of neck pain and bilateral shoulder pain. The current request is for 8 physical therapy sessions. The treating physician reports that the patient has not required care in 8 months and presents with flaring of his condition. The treating physician states that there is decreased bilateral shoulder range of motion with tenderness of the cervical spine and bilateral shoulders. The MTUS Guidelines supports physical therapy and states for, "Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks." There is no documentation of any recent physical therapy treatments and the patient had not required care for 8 months. Because of the documented flaring of the cervical spine and bilateral shoulders physical therapy would be medically necessary.