

Case Number:	CM14-0034986		
Date Assigned:	06/23/2014	Date of Injury:	01/18/2010
Decision Date:	08/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/20/2014

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 Management 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 38 year old with an injury date on 1/18/10. Patient complains of constant, worsening posterior cervical pain with paresthesias left shoulder with left thumb (C6), with pain rated 7-8/10 per 1/20/14 report. Patient had a left shoulder injection with no significant relief, and currently uses TENS, Hydcodone, Naprosyn, Naproxen, Nizatidine for pain management per 1/20/14 report. Based on the 1/20/14 progress report provided by [REDACTED] the diagnoses are: 1. Snapping scapula, left 2. left cervical strain 3. Mild left shoulder SIS 4. Sleep disturbance because of pain Exam of C-spine on 1/20/14 showed "spinous processes are normally aligned and nontender to palpation. Tenderness to palpation of the paracervical, levator scapulae, medial trapezius, and parascapular muscles. Positive levator scapulae and trapezius muscle spasm is noted. No evidence of torticollis. No crepitus. Right lateral Range of motion: flexion 35 degrees with pain. Extension 30 degrees. Pain on right lateral bending and right rotation, with slightly decreased range of motion." [REDACTED] is requesting physical therapy 3 times a week for 2.5-3 weeks for the cervical spine. The utilization review determination being challenged is dated 2/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/16/13 to 1/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 2.5-3 weeks for the cervical spine: Upheld

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

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

Decision rationale: This patient presents with left shoulder pain and neck pain. The provider has asked for physical therapy 3 times a week for 2.5-3 weeks for the cervical spine on 1/20/14 but does not include a reason for additional therapy. The physical therapy report from 1/29/14 shows patient had 6 sessions for the C-spine beginning 1/13/14. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Combined with prior 6 sessions, the requested 9 sessions of physical therapy would exceed MTUS guidelines for this type of condition. In addition, included progress reports do not mention functional improvement from prior physical therapy or what is to be achieved with more therapy. Recommendation is not medically necessary.