

Case Number:	CM14-0037014		
Date Assigned:	06/25/2014	Date of Injury:	10/13/2010
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 Orthopedic Surgery, 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 injured worker is a 55-year-old who was reportedly injured on October 13, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 8, 2013, indicates that there are ongoing complaints of bilateral shoulder pain. The physical examination demonstrated a 5'1, 158 pound individual who is borderline hypertensive (130/90) in no reported distress. A slight decrease in sensation is noted patchy distribution. Diagnostic imaging studies objectified changes on EMG (electromyogram), Previous treatment includes multiple medications, acupuncture, physical therapy, topical preparations, and trigger point injections. A request had been made for additional physical therapy and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, three times weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the physical therapy already completed and the parameters outlined in the California Medical Treatment Utilization Schedule, there is insufficient clinical data presented to support additional physical therapy at this time. Therefore, The request for physical therapy for the cervical spine, three times weekly for six weeks, is not medically necessary or appropriate.