

Case Number:	CM14-0039416		
Date Assigned:	06/27/2014	Date of Injury:	08/09/2011
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 47-year-old male with a date of injury of 08/09/2011. The listed diagnoses per [REDACTED] are cervical radiculopathy, chronic pain syndrome and benign prostatic hypertrophy. According to progress report 02/20/2014 by [REDACTED], the patient complains of back, neck, and bilateral shoulder pain. He is status post anterior cervical discectomy fusion 4-5 from April 2013. An examination revealed decreased range of motion of the shoulders and tenderness over the neck. The patient is to continue with range of motion exercises instructed by physical therapy and medication. On 01/05/2014, the patient continues to complain of persistent, constant axial neck pain with numbness in the bilateral hands. An MRI of the cervical spine from 12/20/2013 showed 3mm posterior disc bulge at C3-4 and 2mm at C6-7. The medical file indicates the patient most recently participated in 8 physical therapy sessions by September 2013. The request is for "repeat physical therapy evaluation for cardiovascular conditioning range of motion tests of the right shoulder." Utilization review denied the request on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Physical therapy evaluation for cardiovascular conditioning and to do range of motion, right shoulder: 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 Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The physician is requesting "repeat physical therapy evaluation for cardiovascular conditioning range of motion tests of the right shoulder." Physical therapy reports indicated the patient recently received 8 physical therapy sessions, ending in September 2013. Report 02/20/2014 states the patient is participating in physical therapy. The MTUS page 8 requires that the physician monitor the patient and provide appropriate recommendations regarding treatment. In this case, the physician does not explain what this request is all about. The evaluation is what a therapist does when referred to therapy. The patient is undergoing therapy as of 2/20/14. Range of motion and cardiovascular conditioning happens during therapy. Given that the patient is already receiving therapy, the request is not medically necessary.