

Case Number:	CM14-0040285		
Date Assigned:	06/25/2014	Date of Injury:	02/01/2010
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
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 Family Medicine 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 female claimant sustained a work injury on 2/1/10 involving the neck, shoulder and wrists. She had a diagnosis of cervical radiculopathy and trapezial strain. A progress note on 1/23/14 indicated the claimant has chronic severe right shoulder and neck pain. He had completed 12 session of therapy and feels worse than the prior visit. She was given oral analgesics and muscle relaxants for pain relief. She had received steroid injections in her cervical region in the past as well. An exam note on 3/6/14 indicated she had pain in the same areas and 1/23/14. Physical therapy had not been helping much twice a week. Exam findings were notable for impingement findings of the right shoulder and reduced range of motion. Her neck was restricted 20% and had 2/4 pain bilaterally. A subsequent request was made for addition 18 sessions of therapy without further information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3X6 for cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

Decision rationale: Based on the clinical history provided, the claimant had exceeded the amount of therapy recommended by the ACOEM and MTUS guidelines. The claimant had also noted lack of benefit from therapy. Additional therapy requested above is not medically necessary.