

Case Number:	CM14-0041469		
Date Assigned:	06/27/2014	Date of Injury:	02/18/2013
Decision Date:	08/12/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/07/2014

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 Internal Medicine, and is licensed to practice in Virginia and District of Columbia. 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:

This is a 57-year old patient who sustained injury on Feb 18 2013 to her right shoulder. She had her right shoulder reduced but had ongoing pain to the neck area. She developed numbness and tingling in that extremity. He had X-rays of upper back on July 2013 as well as an MRI of the same area and was thereafter diagnosed with cervical, thoracic and lumbar strain. A request for physical therapy was put in for cervical, thoracic and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy visits for the cervical, thoracic and lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.2
Page(s): 22, 30, 32,39,59.

Decision rationale: The MTUS, Chronic Pain section, recommends 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing, produce satisfactory clinical gains. If the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functional deficits) have been achieved, a follow-up course of treatment may be indicated

consisting of another 4-12 visits over a 2-4 week period. This patient was diagnosed with cervical, thoracic and lumbar strain and neurological symptoms. Physical therapy would be indicated. Therefore, Twelve physical therapy visits for the cervical, thoracic and lumbar spine are medically necessary.