

Case Number:	CM14-0052344		
Date Assigned:	07/07/2014	Date of Injury:	02/24/2013
Decision Date:	09/05/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational 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:

Per the records provided, this 32 year old female had neck, lumbar spine and right shoulder complaints from an injury on 2-24-13. She was washing a bathtub and slipped on the wet floor. She broke her fall while holding onto the shower rails. She had neck pain the next day. The pain was 3/10 cervical pain and also 3 out of 10 shoulder pain with radiation to the right hand. She is doing physical therapy now on her own and she was discharged from therapy. A peer review from 4-2-14 denied more physical therapy. The note from February 25, 2013 indicates six sessions of physical therapy were instituted. There is then mention in July of 2013 that she had physical therapy twice a week, but she was unsure of the total number of treatments she had received. At that time, the patient had pain at 5 out of 10 with grinding of the right shoulder, burning in the right shoulder and four out of 10 in the left shoulder. The impression was a strain-sprain of the cervical spine with minimal objective findings, strain-sprain of the right shoulder, strain-sprain of the AC joint with swelling, subacromial bursitis with MRI evidence of a Type II acromion, and a lumbar spine strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

continued physical therapy 2 x 3 on the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127.

Decision rationale: The MTUS notes that there should be a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. There is no evidence of weaning of the therapy in this case to the home program only. The MTUS permits therapy in the chronic phase for certain conditions, such as: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. But there is no evidence that the patient had these conditions. The request was appropriately non-certified; the patient should be well-versed on home/self care as advocated by the MTUS guides by this point in care. The records in fact do attest she is doing a home program effectively, and there is not a logical basis to regress her care back to monitored, skilled therapy. Therefore, the request is not medically necessary.