

Case Number:	CM14-0054010		
Date Assigned:	07/11/2014	Date of Injury:	10/25/2012
Decision Date:	09/03/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 33-year-old individual was reportedly injured on October 25, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 11, 2014 indicated that there were ongoing complaints of neck and upper extremity pains. The physical examination demonstrated a well-developed, well-nourished individual in no acute distress. There was no tenderness to palpation and a slightly restricted cervical spine range of motion. The left upper extremity and right upper extremity were normal with the exception of a slight motor function loss in the right upper extremity. Diagnostic imaging studies were not reviewed. Previous treatment included physical therapy, multiple medications, injection therapies, and trigger point injections. A request had been made for additional physical therapy and was not certified in the pre-authorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two to three times (2-3) times a week for four to six (4-6) weeks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201.

Decision rationale: When noting the date of injury, the injury sustained, the metaphysical therapy order completed and the current findings on physical examination, there is no clinical indication presented to suggest a need for an additional 18 sessions of physical therapy. There is a fairly good range of motion and transition to home exercise protocol should have been completed by this time. Therefore, based on the injury sustained and the therapy completed as well as the physical examination findings and the parameters noted in the ACOEM guidelines, there is insufficient clinical information presented to establish the medical necessity of this request. The request is not medically necessary.