

Case Number:	CM14-0060900		
Date Assigned:	07/09/2014	Date of Injury:	09/18/2012
Decision Date:	09/09/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/01/2014

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 67-year-old female was reportedly injured on September 18, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 13, 2014, indicates that there are ongoing complaints of neck pain and upper back pain with numbness and tingling in the hands. The physical examination demonstrated decreased cervical spine range of motion with tenderness of the trapezius muscles with trigger points. There was decreased bilateral range of motion of the shoulders and tenderness at the AC joint on the right side. There was a negative impingement test and a drop arm test bilaterally. Physical examination of the wrists noted a negative Tinel's test and a positive Phalen's test bilaterally. There was tenderness over the interest Builder muscles of the thoracic spine from T3-T7. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy. A request had been made for physical therapy for the thoracic spine and was not certified in the pre-authorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the American College of Occupational and Environmental Medicine 1 to 2 visits of physical therapy for education, counseling, and evaluation of home exercise is indicated for the neck and upper back. According to the attached medical record the injured employee has already participated in physical therapy. Considering this, the request for physical therapy for the thoracic spine is not medically necessary.