

Case Number:	CM14-0061893		
Date Assigned:	07/11/2014	Date of Injury:	03/10/2014
Decision Date:	09/12/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/03/2014

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, has a subspecialty in Pain 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 injured worker is a 59-year-old female who reported an injury on 03/10/2014. The mechanism of injury was not provided for clinical review. The diagnoses included mild tendinitis, left shoulder pain. Previous treatments included medication, physical therapy, ice and cold packs. Within the clinical note dated 04/03/2014, it was reported the injured worker complained of left upper posterior arm pain. Upon the physical examination, the provider noted the injured worker had active range of motion with flexion at 90 degrees and abduction at 80 degrees secondary to pain. The request submitted is for cervical/shoulder additional physical therapy 3 times a week. However, the rationale was not provided for clinical review. The Request for Authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical/shoulder additional P.T. 3xweek RFA 4-9-14 QTY: 9.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Cervical-upper back-physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is lack of documentation indicating the injured worker's prior course of therapy including the efficacy of the prior therapy. There is lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability and decreased strength and flexibility. The number of physical therapy sessions the injured worker has already undergone was not provided for clinical review. Therefore, the request is not medically necessary and appropriate.