

Case Number:	CM14-0065126		
Date Assigned:	07/11/2014	Date of Injury:	06/21/2012
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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 & Rehabilitation 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 27-year-old female who reported an injury on 06/21/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 03/19/2014 indicated diagnoses of status post arthroscopy of the left shoulder with acromioplasty, debridement, and Mumford procedure, left cervical strain with left upper extremity cervical radiculitis with C5-6 left paracentral disc and osteophyte protrusion, C7-T1 mild bilateral facet joint arthropathy, uncovertebral joint hypertrophy with mild bilateral foraminal stenosis of the C7-T1 level and with focal kyphosis at C4-5, sleep disturbance because of pain, and episode of tachycardia which is under evaluation. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy and medication management. The provider submitted a request for physical therapy. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy sessions to the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. According to the clinical note dated 03/19/2014, the injured worker has had a vast amount of physical therapy. In addition, there is lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the amount of physical therapy visits have already been completed is not indicated, as well as efficacy of the prior therapy to warrant additional therapy. Therefore, the request for Twelve (12) Physical Therapy sessions to the Cervical Spine is not medically necessary and appropriate.