

Case Number:	CM14-0066449		
Date Assigned:	07/11/2014	Date of Injury:	10/04/2013
Decision Date:	08/12/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 56-year-old left-hand dominant female. The injured worker's original date of injury was October 4, 2013. The mechanism of injury occurred when she was working in a jewelry store and a door fell on top of her head and the mirror cracked, as the patient was leaning over placing jewelry into a display case. She sustained an injury to the neck with associated occipital headaches. The pain radiated into her left upper extremity. The patient has had cervical MRI and electrodiagnostic studies. The injured worker's diagnoses include shoulder strain, cervical spondylosis without myelopathy, cervical intervertebral disc degeneration, cervicgia, and neck sprain and strain. Treatment to date has included physical therapy, anti-spasm medications, NSAIDs, and epidural steroid injections. A utilization review determination on April 11, 2014 had denied the request for additional physical therapy. The rationale cited was that "physical therapy notes indicate the patient has attended 12 sessions for the problem that is described as being present here. No objective physical problems such as substantial weakness or motion restriction is described as being present that might require prolonged additional treatment with formal physical therapy beyond the guideline recommendations of 10 visits."

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4: Upheld

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

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

Decision rationale: The injured worker's diagnoses include shoulder strain, cervical spondylosis without myelopathy, cervical intervertebral disc degeneration, cervicgia, and neck sprain and strain. Treatment to date has included physical therapy, anti-spasm medications, NSAIDs, and epidural steroid injections. A progress note on March 17, 2014 indicates that the patient would like to undergo an additional course of physical therapy as she has notice significant improvement of her symptoms with the results of this treatment. The guidelines recommend tapering of formal physical therapy to self-directed home exercises, and in this case there is no documentation that the patient has at least trialed a home exercise program. The request is not medically necessary.