

Case Number:	CM14-0073227		
Date Assigned:	07/16/2014	Date of Injury:	01/10/2014
Decision Date:	10/20/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in Pain Management 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 patient is a 67 year old with an injury date on 1/10/14. Patient complains of ongoing cervical pain and lower lumbar pain per 3/28/14, with back pain rated 8/10 per 1/10/14 report. Patient has not shown significant improvement, but orthotics is working although medications (Motrin) are not per 1/10/14 report. Based on the 4/17/14 progress report provided by [REDACTED] the diagnoses are: 1. Cervical S/S 2. Lumbar S/S 3. Hand, Abrasion Right 4. Knee, Abrasion Right 5. Elbow, S/S Right 6. Hip, S/S Right 7. Shoulder S/S Right 8. Ankle, Sprain Right 9. Knee, Contusion, Right 10. Hand, Contusion, Right 11. Leg Lower, Contusion Right. Exam on 4/17/14 showed "C-spine tender. C-spine range of motion moderately restriction especially extension/flexion and left rotation." The 2/21/14 report shows right shoulder range of motion is restricted, with forward flexion to 60 degrees." [REDACTED] is requesting physical therapy 2 x weeks for 6 weeks cervical spine and physical therapy 2 x weeks for 6 weeks right shoulder. The utilization review determination being challenged is dated 4/24/14. [REDACTED] is the requesting provider, and it provided treatment reports from 1/16/14 to 4/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: 2x week for 6 weeks (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

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

Decision rationale: This patient presents with neck pain, right shoulder pain, and lower back pain. The provider has asked for physical therapy 2 x weeks for 6 weeks cervical spine on 4/17/14. Review of records show that 7 sessions of physical therapy is to the C-spine, L-spine and right knee were completed between 1/28/14 to 3/27/14. MTUS guidelines allows for 8-10 sessions of physical therapy for various Myalgias and neuralgias. Since the patient has completed 7 sessions of physical therapy, the requested 12 sessions of additional therapy would exceed MTUS guidelines for this type of condition. The requested physical therapy 2x week for 6 weeks cervical spine is not medically necessary.

Physical therapy: 2x week for 6 weeks (right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

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

Decision rationale: This patient presents with neck pain, lower back pain, and right shoulder pain. The provider has asked for physical therapy 2 x weeks for 6 weeks right shoulder on 4/17/14. Review of the reports show patient had 3 Physical Therapy for the right shoulder on 4/4/14 to 4/10/14. MTUS guidelines allows for 8-10 sessions of physical therapy for various Myalgias and neuralgias. In this case, the patient has ongoing right shoulder pain, and a course of 8-10 physical therapy sessions would be appropriate. The prior 3 sessions, however, in addition to the requested 12 sessions of physical therapy exceeds MTUS guidelines for this type of condition. Therefore, this request is not medically necessary.