

Case Number:	CM14-0075957		
Date Assigned:	07/16/2014	Date of Injury:	12/05/2007
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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 54 year old female was injured on December 5, 2007. The mechanism of injury is undisclosed. The most recent progress note, dated April 15, 2014, indicated that there were ongoing complaints of neck and shoulder pains. The physical examination demonstrated a decrease in range of motion and tenderness to palpation. Diagnostic imaging studies were not reviewed. Previous treatment included chiropractic care, physical therapy, multiple medications and pain management interventions. A request was made for additional physical therapy and was not certified in the preauthorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to treat the right wrist, cervical spine and right shoulder 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: The records reflect that through April 14, 2014, twelve visits of physical therapy have been completed to address the cervical spine, bilateral wrists and bilateral shoulders. The therapist suggested additional physical therapy. When noting the date of injury, the injury sustained, the metaphysical therapy order completed and by the parameters outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, there is no medical necessity for additional physical therapy when all that should be pursued is a home exercise protocol emphasizing overall fitness, conditioning and achieving ideal body weight. As such, the request is not medically necessary.