

Case Number:	CM14-0085924		
Date Assigned:	07/23/2014	Date of Injury:	05/26/2006
Decision Date:	08/27/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old with a work injury dated 5/26/06. The diagnoses include bilateral shoulder rotator cuff tendinopathy, mild impingement syndrome, lumbar and cervical spondylosis. Under consideration is a request for physical therapy 3 x 4 weeks. There is a primary treating physician (PR-2) document from 1/7/14 that states that the patient has continued complaints of intermittent neck, back, and shoulder pain. She notes functional improvement and pain relief with the adjunct of the medications. She is currently working. The treatment plan states that the patient can continue to work in her present capacity and continue her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x/4wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Physical therapy 3 x 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request exceeds this number recommended by the guidelines. It is unclear if the

patient has had prior physical therapy. Without this information and with a request exceeding the guideline recommendations a request for physical therapy 3 x 4 weeks is not medically necessary.