

Case Number:	CM14-0089302		
Date Assigned:	07/23/2014	Date of Injury:	06/17/2011
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 51 year old male who was injured on 06/17/2011. The mechanism of injury is unknown. Progress note dated 05/01/2014 indicates the patient is complaining of continued neck pain with headaches and migraines. Objective findings on exam revealed positive cervical spine axial loading and positive spondylosis. The patient is diagnosed with cervicgia. The patient was recommended physical therapy twice a week for 4 weeks of the lower extremity. His medications were refilled. Prior utilization review dated 05/27/2014 states the request for Physical Therapy 2 x 4 weeks for the Left shoulder and cervical spine is not authorized as there was a lack of evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 weeks for the Left shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder (updated 04/25/14) Physical TherapyODG- Neck & Upper Back (updated 04/14/14)Physical Therapy(PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Neck and Upper Back, Physical therapy (PT) and Shoulder, Physical therapy.

Decision rationale: The medical records and prior review in this case indicate that this patient had already completed 34 visits with physical therapy. The Chronic Pain Medical Treatment Guidelines and the ODG recommend that physical therapy is appropriate for 8 weeks for musculoskeletal conditions (which would total 32 visits over an 8 week period). Based on these guidelines, the patient had already completed 34 visits. Furthermore, the records fail to indicate any medical justification for additional visits based on any examination or other criteria. Therefore based on the guidelines reviewed and the documentation in this case, the request is not medically necessary.