

Case Number:	CM14-0090546		
Date Assigned:	07/23/2014	Date of Injury:	11/10/2013
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, 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 53 year old female whose date of injury is 11/10/2013. The mechanism of injury is described as making a bed. Treatment to date includes acupuncture and physical therapy x 10 visits. Progress note dated 06/09/14 indicates that the injured worker complains of neck and right shoulder pain. Note dated 06/13/14 indicates that there is tenderness to palpation to the right shoulder with spasm. Range of motion is flexion 150, extension 10 and abduction 160 degrees. Positive right impingement syndrome test. Diagnoses are cervical spine sprain/strain and right shoulder sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical/Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Physical therapy.

Decision rationale: Based on the clinical information provided, the request for physical therapy cervical/right shoulder is not recommended as medically necessary. The injured worker has

completed 10 visits of physical therapy to date. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The request is nonspecific and does not indicate the frequency and duration of the requested treatment. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.