

Case Number:	CM14-0097624		
Date Assigned:	09/23/2014	Date of Injury:	06/17/2009
Decision Date:	11/19/2014	UR Denial Date:	06/10/2014
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 Family Medicine and is licensed to practice in New Jersey and New York. 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 64-year-old male who was injured on 6/17/09 by undocumented mechanism. He complained of neck, lower back, and shoulder pain. On exam, he had tender neck with decreased range of motion, tender shoulders with decreased range of motion, and normal sensation and reflexes. He was diagnosed with cervical radiculopathy, bilateral shoulder joint pain, and lumbosacral sprain/strain. The patient was treated with twelve physical therapy sessions in 2013 with improvement in symptoms. He improved with acupuncture. He gets occasional flare-ups of pain. However, he had no red flags or progressive deficits. He was treated with anti-inflammatories and muscle relaxants. The current request is for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2x3 to the bilateral shoulders and cervical spine: Upheld

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

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

Decision rationale: The request for more physical therapy is not medically necessary. The patient already had 12 physical therapy sessions in 2013. As per MTUS guidelines, patients are "expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The recommended number of sessions for myalgia is 9-10 visits over 8 weeks, and for radiculitis it is 8-10 visits over 4 weeks. The patient has exceeded this limit. He has had improvement and currently has no red flags or objective progressive deficits of his cervical radiculopathy and shoulder pain that would require more supervised physical therapy. Therefore, this request is considered not medically necessary.