

Case Number:	CM13-0019694		
Date Assigned:	04/25/2014	Date of Injury:	04/18/2012
Decision Date:	01/02/2015	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

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 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:

This is a 28 year old male patient who sustained a work related injury on 4/18/12. The exact mechanism of injury was not specified in the records provided. The current diagnoses include cervical spine degenerative disease, right shoulder tendonitis and right wrist pain. Per the doctor's note dated 5/9/14, the patient has complaints of occasional headaches, cervical spine pain, achy right shoulder pain, radiating down the arm and fingers, muscle spasms, constant, moderate to severe at 4-5/10. Physical examination of the cervical spine revealed full ROM and negative maximal foraminal compression test. Physical examination of the right shoulder revealed tenderness at rotator cuff tendon attachment sites, supraspinatus, full ROM with pain, negative apprehension sign and positive supraspinatus. A physical examination of the right wrist revealed negative Tinel's and Finkelstein's test and full ROM. The current medication list was not specified in the records provided. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 to cervical spine, right shoulder and right wrist: Upheld

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

Treatment in Workers Compensation Neck & Upper Back Procedure, Shoulder Procedure Summary, Forearm, Wrist, and Hand Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines This is a 28 year old male patient who sustained a work related injury on 4/18/12The exact mec.

Decision rationale: The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". The patient has received an unspecified number of PT visits for this injury. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for physical therapy x 8 to cervical spine, right shoulder and right wrist is not fully established for this patient. As such, the request is not medically necessary.