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| Case Number: | CM14-0195823 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 02/15/2014 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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 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 claimant is a 53-year-old female who sustained a work related injury on 2/15/14. Her injuries occurred following a train accident in which the train stopped suddenly and through her up against an interior wall. Attending physician reports indicate that she is status-post left rotator cuff repair. Records indicate that she has received physical therapy for her left elbow, right knee and shoulder. RFA dated 10/6/14 requests chiropractic treatment for persistent neck pain, MRI for lumbago, physical therapy for pain in the limb, and a TENs unit for rotator cuff syndrome. There are no exam findings related to the lower back or lower limb. The current diagnoses are: 1) Cervicalgia, 2) Lumbago, 3) Pain in limb, 4) Rotator cuff syndrome. The utilization review report dated 10/23/14 denied the request for Physical Therapy two times a week for five weeks QTY: 10:00 based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for five weeks (unspecified body part) QTY: 10.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

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

Decision rationale: The claimant presents with persistent pain in the neck, low back, right lower extremity and left shoulder. She is status-post left rotator cuff repair. The current request is for Physical Therapy two times per week for five weeks QTY: 10:00. In reviewing the records physical therapy appears to be provided on two separate occasions. The 10/6/14 request for physical therapy was quite vague and related the request to pain in the lower limb. The attending physician failed to identify the limb in question or provide any specific diagnoses for the lower limb. The attending physician also failed to describe any justification for additional physical therapy such as new injury or new diagnoses. There is no documentation to support additional physical therapy and a request for 10 sessions exceeds the MTUS guidelines which limit physical therapy to 10 sessions of which the claimant has already exceeded. The request is not medically necessary.