

Case Number:	CM14-0197974		
Date Assigned:	12/08/2014	Date of Injury:	10/10/2012
Decision Date:	01/22/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab 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 58-year-old female with a 10/10/12 date of injury. The patient injured her right shoulder and right wrist when she attempted to roll and lift an obese patient from his bed. According to a handwritten and largely illegible progress note dated 10/2/14, the patient had completed 4 physical therapy sessions for the shoulder with benefit but not for the neck. Objective findings: illegible. Diagnostic impression: right shoulder rotator cuff tear, compensable consequence left shoulder and right wrist sprain/strain, status post surgical repair of right rotator cuff, pain in neck/right knee/right wrist/low back. Treatment to date: medication management, activity modification, physical therapy, cortisone injections A UR decision dated 11/5/14 denied the request for 12 sessions of physical therapy to the cervical spine. Based on the currently available information, the medical necessity for a trial of physical therapy has not been established, due to a lack of detailed description of cervical symptoms and exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy to the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Occupational and Environmental Medicine (ACOEM); Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition,

2004; Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers' Comp.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Physical Therapy; 9792.22 General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114; Official Disability Guidelines (ODG) Neck and Upper Back Chapter - Physical Therapy.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. However, in the present case, there is no documentation of current subjective complaints of the cervical region. In addition, there is no documentation of objective findings of functional deficits of the cervical region. Furthermore, guidelines support up to 10 visits over 8 weeks, and this request exceeds guideline recommendations. Therefore, the request for 12 Sessions of Physical Therapy to the Cervical Spine are not medically necessary.