

Case Number:	CM14-0198777		
Date Assigned:	12/09/2014	Date of Injury:	07/01/2012
Decision Date:	01/23/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/26/2014

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 Georgia. 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 patient is a seven-year-old male presenting with a work-related injury on June 1, 2012. Patient was diagnosed with cervical spinal stenosis, left shoulder rotator cuff syndrome, lumbar disc syndrome, right knee sprain/strain. According to the medical records on August 18, 2014 the patient attended physical therapy three times a week and there is no change in pain complaints. Patient reported weakness in the right extremity, elbow pain, lumbar pain, thoracic pain, neck pain, and right knee pain was also described as five out of 10. The physical exam was significant for guarded gait with normal posture, tenderness to palpation of the cervical spine with a slight decrease in range of motion, tenderness to palpation over the right elbow, and tenderness to palpation of the lumbar spine with a decrease in range of motion. A request for 8 physical therapy sessions for the left shoulder as an outpatient was placed.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for the left shoulder, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 8 physical therapy sessions for the left shoulder, as an outpatient. Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that he had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.