

Case Number:	CM15-0006516		
Date Assigned:	01/26/2015	Date of Injury:	06/23/2004
Decision Date:	03/20/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 77-year-old female who reported an injury on 06/23/2004. The injured worker reportedly suffered a right upper extremity injury when a cabinet fell forward and struck her right shoulder pinning her shoulder and right thumb. The current diagnoses include cervical myelopathy, cervical postlaminectomy syndrome, chronic pain syndrome and depressive disorder. The injured worker presented on 12/16/2014 with complaints of bilateral shoulder pain and neck pain. Previous conservative treatment includes physical therapy and medication management. Upon examination, there was difficulty executing transfers, such as transferring from the chair to the examination table, significant limited range of motion of the right and left shoulders, 2+ reflexes, diminished sensation to pinprick throughout the left upper extremity and generalized weakness. Recommendations included a physical therapy referral and a psychology referral. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits: Upheld

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

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. It was noted that the injured worker had been previously treated with physical therapy for the upper extremity. There was no documentation of the previous course of treatment with evidence of objective functional improvement. Given the above, the request is not medically appropriate at this time.