

Case Number:	CM15-0007528		
Date Assigned:	01/23/2015	Date of Injury:	01/27/2010
Decision Date:	03/12/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female patient, who sustained an industrial injury on 01/27/2010. A physical therapy progress note dated 12/10/2014 described treatment procedures as therapeutic exercises, patient education, home exercise program instructions, electro-stimulation, biofeedback and ice compression. Subjective findings stated that therapy is not helping anymore. Clinical observations reported the patient has plateaued with therapy secondary to reporting no improvement in pain. A primary treating visit dated 11/11/2014 reported the worker having had worked since the last examination and with complaint of neck, upper back, right/left shoulder, left elbow and right and left wrist pains. She also reported having had a left shoulder injection on 11/04/2014 with note it helped a lot. She was diagnosed with cervical spine strain/sprain, thoracic spine strain, status post right shoulder surgery 04/16/2004, left shoulder surgery 04/06/2011, right elbow strain, status post left elbow surgeries, status post right carpal tunnel release surgery and status post left carpal tunnel surgery 01/28/2006. On 12/26/2014 Utilization Review non-certified a request for continued physical therapy to cervical spine and bilateral shoulders, noting the CA MTUS Physical Medicine and Official Disability Guidelines Physical therapy were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 1x8 (cervical, bilateral shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)-TWC Neck & Upper Back Procedure, ODG, Shoulder Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation neck pain and physical therapy shouldr pain and physical therapy

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits; Myalgia and myositis, unspecified 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks. According to the ODG guidelines, therapy for cervical strain is limited to 10 visits over 8 weeks. For therapy after shoulder surgery can be up to 24 visits after surgery. In this case, the claimant completed an unknown amount of therapy sessions after surgery for the shoulder and therapy for the neck. Therapy is recommended to be completed in a fading frequency. There is no indication that additoinal therapy cannot be completed at home. The request for additional therapy sessions is not medically necessary.