

Case Number:	CM15-0102070		
Date Assigned:	06/04/2015	Date of Injury:	02/11/2003
Decision Date:	07/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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 42 year old female who sustained an industrial injury on 02/11/2003. Mechanism of injury occurred when a box fell on her head. Diagnoses include cervical spondylosis with myofascial pain and trigger points, chronic right medial epicondylitis status-post epicondylar release on 01/26/2012 with good results, right shoulder tendinosis and rotator cuff tendinosis, and right carpal tunnel-like symptoms. Treatment to date has included diagnostic studies, medications, injections, physical therapy, and home exercise program. A physician progress note dated 03/16/2015 documents the injured worker has continued neck and right para-scapular region pain. She is also having some low back symptoms which she attributes to being so stiff in the neck and upper back. She has full range of motion in her cervical spine and in her bilateral shoulders. She has pain with internal range of motion of her right shoulder, but this is a significant improvement. Therapy has improved her range of motion but her pain remains about the same. The treatment plan is for trigger point injections. Treatment requested is for physical therapy 6 sessions cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 sessions Cervical Spine and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

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. In this case, the claimant had received 8 sessions of therapy . There was no indication that additional therapy cannot be performed at home . In addition, the additional 6 sessions exceeds the amount of sessions recommended by the guidelines. Therefore 6 more sessions of physical therapy is not medically necessary.