

Case Number:	CM15-0102518		
Date Assigned:	06/04/2015	Date of Injury:	05/07/2014
Decision Date:	12/08/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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: Pennsylvania, Ohio, 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 54 year old female with an industrial injury dated 05-07-2014. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder pain, cervical pain, elbow pain and carpal tunnel syndrome. In a progress report dated 02-23-2015, the injured worker reported neck pain, with pain level unchanged from last visit. The injured worker rated pain a 7 out of 10 with medications and a 10 out of 10 without medications. In a progress report dated 03-23-2015, the injured worker reported neck pain and right shoulder pain. The injured worker reported that the pain level has increased since last visit. Pain level was 9 out of 10 with medications and 10 out of 10 without medications on a visual analog scale (VAS). The injured worker reported ongoing problems lifting right upper extremity following physical therapy session for neck. According to the progress note dated 04-20-2015, the injured worker rated pain 4 out of 10 with medications on a visual analog scale (VAS). Activity level has remained the same. Objective findings (02-23-2015, 03-23-2015, and 04-20-2015) revealed restricted cervical range of motion with flexion and extension and tenderness at the rhomboids and trapezius. Treatment has included prescribed medications, at least 12 physical therapy sessions and periodic follow up visits. On 4-20-2015, the injured worker was temporary total disability. The utilization review dated 05-21-2015, non-certified the request for eight additional physical therapy 2 times a week for 4 weeks for the cervical region as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional physical therapy 2 times a week for 4 weeks for the cervical region as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.