

Case Number:	CM15-0180655		
Date Assigned:	09/22/2015	Date of Injury:	04/30/2012
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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 38 year old male, who sustained an industrial injury on April 30, 2012. He reported an injury to his right shoulder. On August 20, 2015 the injured worker reported persistent pain and stiffness in the right neck and shoulder. On physical examination the injured worker had slight to moderate stiffness in the right shoulder at the extremes of motion. He had slight trapezial and paracervical tenderness. He had decreased range of motion of his cervical spine with some pain. Tinel's sign and Phalen's tests are positive at the carpal tunnels bilaterally. Treatment to date has included right shoulder arthroscopic surgery, and physical therapy to the right shoulder. The injured worker was diagnosed as having status post right rotator cuff repair of the excision of the distal clavicle, trapezial and paracervical strain, and bilateral carpal tunnel syndrome. A request for authorization for physical therapy 2 times a week for six weeks for the cervical spine was received on August 27, 2015. On September 2, 2015, the Utilization Review physician determined physical therapy 2 times a week for six weeks for the cervical spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, cervical spine: 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.