

Case Number:	CM15-0192431		
Date Assigned:	10/06/2015	Date of Injury:	01/16/2015
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/30/2015

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 28 year old male, who sustained an industrial injury on 1-16-15. The injured worker was diagnosed as having cervical strain, lumbar strain and partial tear of rotator cuff. Medical records (8-18-15 through 9-1-15) indicated right shoulder and neck pain. He rates his pre-treatment pain 4-6 out of 10 and post treatment pain 2-4 out of 10. The physical exam (8-12-15 through 9-1-15) revealed 50% improvement and "increases in function and activities of daily living", cervical extension was 40 degrees and flexion was 40 degrees. As of the PR2 dated 8-27-15, the injured worker reports he has completed physical therapy in the past with minimal improvement. He had ultrasound therapy to his right shoulder and rates his pre-treatment pain 6 out of 10 and post treatment pain 4 out of 10. There is no physical examination specific to the cervical spine. Treatment to date has included acupuncture (number or sessions not provided), a cervical MRI on 3-30-15 showing no acute injury of the cervical spine, a TENS unit and a home exercise program. The treating physician requested a Utilization Review for physical therapy to the cervical spine. The Utilization Review dated 9-11-15, non-certified the request for physical therapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy.

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.