

Case Number:	CM15-0021832		
Date Assigned:	02/11/2015	Date of Injury:	08/16/2013
Decision Date:	04/16/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 60 year old female who sustained an industrial injury on 08/16/2013. She presented on 12/23/2014 with complaints of constant headaches, right shoulder pain and severe neck pain. Physical exam noted diffuse tenderness and spasms over the shoulder region. The mechanism of injury or symptoms at time of injury is not in the submitted records. Prior treatments include anterior cervical discectomy surgery times 2, physical therapy, diagnostics and medications. CT of cervical spine report is documented in this note. Diagnoses were status post anterior cervical fusion at cervical 5-7 with adjacent level degeneration at cervical 4-5 and bilateral upper extremity radiculopathy, right shoulder impingement syndrome and right shoulder sprain/strain, rule out rotator cuff tear. Treatment plan consisted of continuing physical therapy program for the cervical spine and starting a treatment program for the right shoulder to help deal with range of motion and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 3x4 (right shoulder, cervical): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

Decision rationale: Guidelines state that physical therapy is recommended for neuralgia, neuritis and radiculitis for 8-10 visits over a 4-week period with patients being expected to continue active therapies at home in order to maintain improvement levels. However, in this case, clinical documents do not describe the response to previous sessions or the number of sessions completed or if there are exceptional factors that would necessitate additional therapy sessions. Thus, the request for physical therapy 3 x 4 is not medically necessary and appropriate.