

Case Number:	CM15-0021893		
Date Assigned:	02/18/2015	Date of Injury:	02/08/2014
Decision Date:	03/26/2015	UR Denial Date:	01/23/2015
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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 37 year old male who sustained an industrial injury on February 8, 2014. He has reported pain in the left side of his neck into the left trapezius and down the left arm and has been diagnosed with cervical strain with mild bilateral neural foraminal stenosis C3-4 by MRI, with radicular pain and impingement syndrome, left shoulder, by physical examination, with tendiopathy on MRI. Treatment has included anti-inflammatories, pain medications, muscle relaxants, and modified work duty. Currently the injured worker complains of tenderness to palpation over the posterior aspect of the left shoulder. Impingement test was positive on the left with pain over the posteromedial left scapula and negative on the right. The treatment plan included physical therapy. On January 22, 2015 Utilization Review non certified physical therapy for cervical/left shoulder (2x4) 8 sessions citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy For Cervical/Left Shoulder (2x4) 8 Sessions: 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 Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 220, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The injury was on 02/08/2014 and by 03/26/2014 he was on his second course of physical therapy despite the lack of effectiveness of the first course. According to ACOEM guidelines, the purpose of physical therapy was for instruction of a home exercise program. By this point in time relative to the injury he should have been transitioned to a home exercise program since there is no objective documentation that continued formal physical therapy is superior to a home exercise program. MTUS chronic pain guidelines note that the maximum number of physical therapy visits is 9 or 10 and the additional requested physical therapy would exceed the maximum number of physical therapy visits allowed.