

Case Number:	CM15-0022023		
Date Assigned:	02/11/2015	Date of Injury:	07/23/2013
Decision Date:	04/03/2015	UR Denial Date:	01/09/2015
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: 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 57-year-old female who reported an injury on 08/04/1980. The mechanism of injury was not provided. Her diagnoses included cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis/bursitis, elbow tendinitis/bursitis, and wrist tendinitis/bursitis. The injured worker received shoulder surgery on 07/17/2014. On 12/11/2014, the injured worker was seen for left shoulder pain. The injured worker had undergone left shoulder arthroscopy and surgery. The injured worker had received 12 sessions of physical therapy but continued to have weakness and there is loss of range of motion. The injured worker was developing some adhesive capsulitis, and physical therapy would be important to proceed with. The Request for Authorization is dated 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical spine and bilateral upper extremities x12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical therapy (PT).

Decision rationale: The California MTUS Guidelines state comfort is the patient's utmost concern. The Official Disability Guidelines state to allow for fading of treatment of physical therapy plus a self directed home therapy program. The injured worker had received physical therapy. There was a lack of documentation of functional improvement from previous therapy. There is also a lack of documentation of functional deficit remaining from physical therapy. There is a lack of documentation as to why the injured worker cannot continue with the rehabilitation on a home exercise program basis. The request lacks the frequency for therapy to be given. The request is not supported. As such, the request for Physical therapy to the cervical spine and bilateral upper extremities x12 is not medically necessary.