

Case Number:	CM15-0217412		
Date Assigned:	11/09/2015	Date of Injury:	05/21/2010
Decision Date:	12/18/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/04/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old female with a date of injury on 5-21-10. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and right shoulder pain. Progress report dated 10-20-15 reports continued complaints of neck pain that radiates into the right arm and wrist. Objective findings: include: tenderness to rhomboids. Treatments noted in given records include: medication and injections. Request for authorization was made for Physical therapy, 2 times a week for 6 weeks, right shoulder & neck. Utilization review dated 11-2-15 non-certified the request.

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, right shoulder & neck: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: In this case, the claimant's injury was remote. There were no clear exam findings and only mention of decreased range of motion. The guidelines allow for up to 10 sessions of therapy. There is no indication that therapy cannot be completed at home. The request for additional 10 sessions of therapy is not medically necessary.