

Case Number:	CM15-0030777		
Date Assigned:	02/24/2015	Date of Injury:	06/26/2014
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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, Arizona
 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 35-year-old female who reported an injury on 11/01/2013 due to an unspecified mechanism of injury. On 02/18/2015, she presented for a follow-up evaluation. She continued to complain of intermittent moderate right shoulder pain, neck pain with spasms, and a decrease in range of motion to the right shoulder with stiffness. Objective findings showed that the cervical spine had increased tone with associated tenderness about the paracervical and trapezial muscles. No trigger points were noted and there was some guarding on examination. Examination of the right shoulder showed tenderness and mild spasm about the trapezius. She was diagnosed with cervical strain and sprain with right upper extremity radiculopathy, right shoulder rotator cuff tendinitis and bursitis, and right wrist flexor tenosynovitis. The treatment plan was for 8 physical therapy sessions for the right shoulder and 8 chiropractic treatment sessions for the cervical spine. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Physical Therapy sessions for Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical therapy for 9 to 10 visits over 8 weeks for the injured worker's condition. The documentation provided does not show that the injured worker has any significant functional deficits that would support the request for physical therapy treatment. Also, further clarification is needed regarding previous treatment and whether or not she had attended physical therapy previously for the same injury. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Eight (8) Chiropractic treatment sessions for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines indicate that chiropractic treatment is recommended at a frequency of 1 to 2 times per week for the first 2 weeks and 1 time per week for the next 6 weeks with a maximum duration of 8 weeks. The documentation provided for review does not show that the injured worker has any significant functional deficits of the cervical spine that would support the request for chiropractic treatment. Also, there is a lack of documentation regarding her past treatments. Further clarification is needed regarding whether or not she had attended chiropractic therapy previously to address the same injury. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.