MAXIMUS Federal Services

Case Number:	CM15-0031102		
Date Assigned:	02/24/2015	Date of Injury:	01/21/2013
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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 male who reported an injury on 01/21/2013 due to an unspecified mechanism of injury. On 12/06/2014, he presented persistent neck pain rated at a 6/10 with pain in the left shoulder. He stated that on occasion, his shoulder would lock and he could not move it. It was stated that he used a splint and brace occasionally. A physical examination showed tenderness to palpation of the cervical spine and left shoulder and range of motion which was associated with pain. There was pain and spasm in the left shoulder as well as the cervical spine. He was diagnosed with mild AC joint degenerative change with hypertrophy, left shoulder partial thickness tear. A request was made for additional physical therapy 6 sessions. 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:

Additional Physical Therapy 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79,Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The California MTUS Guidelines recommend 9 to 10 visits of physical therapy 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. Also, there is a lack of documentation regarding how many sessions of physical therapy he had completed previously. Without this information, additional physical therapy sessions would not be supported. There is also a lack of documentation regarding his response to physical therapy in terms of a quantitative decrease in pain and an objective improvement in function. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.