

Case Number:	CM15-0041490		
Date Assigned:	03/13/2015	Date of Injury:	10/08/2013
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey, New York
 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:

The injured worker is a 51 year old male who sustained an industrial injury on 10/08/13. Initial complaints and diagnoses are not available. Prior treatments include medications, 30 day trial of H wave, lifestyle modifications, TENS, and physical therapy. Prior diagnostics are not discussed. Current complaints include ongoing neck pain that radiates down the right shoulder, pain in the right wrist, and lower back. In a progress note dated 02/02/15, the treating provider reports the plan of care to include additional physical therapy, H-wave unit, and medications including Anaprox, and Ultram. The requested treatment is additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy for the right shoulder, 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The request for more physical therapy is not medically necessary. The patient has already had 26 physical therapy sessions. As per MTUS guidelines, patients are "expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The recommended number of sessions for myalgias is 9-10 visits over 8 weeks, and for radiculitis is 8-10 visits over 4 weeks. The patient has exceeded this limit with the requested amount of PT sessions. There is no documentation of functional improvement. He should be continuing a home exercise program at this point. Therefore, this request is considered not medically necessary