

Case Number:	CM15-0042758		
Date Assigned:	03/12/2015	Date of Injury:	10/20/2011
Decision Date:	04/17/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: Utah, Arkansas
 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 56-year-old female, who sustained an industrial injury on 10/20/11. She has reported neck and shoulder pain working as campus security. The diagnoses have included cervical radiculopathy, right shoulder pain with internal derangement, status post arthroscopy and rotator cuff repair and neck pain/strain. Treatment to date has included diagnostics, surgery, injections, activity modifications, bracing and surgery. Surgery has included right arthroscopy with rotator cuff repair. Currently, as per the physician progress note dated 2/6/15, the injured worker complains of neck and right shoulder pain. The physical exam revealed right shoulder elevates to 150 degrees, abducts to 80 degrees, externally rotates to 80, externally rotates to 60, maximum abduction and internal rotates to her mid lumbar spine. She states that it is actually not feeling so good today. She is currently seeing a physician who was requesting physical therapy for the cervical spine. She was denied chiropractic and acupuncture care. She is back at work and hurting and miserable. She is currently not taking any medications. Treatment plan was for physical therapy, chiropractic and acupuncture once again and to wear her brace at night and during the day a she has been having difficulty managing and dealing with her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for neck (2x6) 12 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

Decision rationale: The request is for sessions of physical therapy. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. According to the clinical documentation provided and current MTUS guidelines; the documents state the patient fits at least two of the categories above. Physical therapy is indicated as a medical necessity to the patient at this time.