

Case Number:	CM15-0083821		
Date Assigned:	05/06/2015	Date of Injury:	11/15/2011
Decision Date:	06/05/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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:

The injured worker is a 58-year-old female with an industrial injury dated 11/15/2011. The injured worker's diagnoses include cervical spine disc protrusion multilevel with radiculopathy and status post right shoulder surgery in 2013. Treatment consisted of Electromyography (EMG), Magnetic Resonance Imaging (MRI) of cervical spine, physical therapy and periodic follow up visits. In a progress note dated 3/23/2015, the injured worker reported right wrist pain, neck pain and positive paresthesia. Objective findings were noted to be unchanged. Several documents included in the submitted medical records are difficult to decipher. The treating physician prescribed services for physical therapy for the right shoulder now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder: Upheld

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 Page(s): 98-99.

Decision rationale: According to the guidelines, physical therapy is recommended for 8-10 visits in a fading frequency. In this case, the claimant had undergone therapy after surgery in 2013. No information is provided on prior therapy completed. There is no mention of recent surgery or repeat injury. In addition, the request was actually mentioned for 12 visits for the neck. Prior response to therapy is unknown. There is no indication that additional therapy cannot be completed at home. The request is therefore not medically necessary.