

Case Number:	CM13-0000966		
Date Assigned:	11/01/2013	Date of Injury:	02/28/2013
Decision Date:	01/08/2014	UR Denial Date:	06/05/2013
Priority:	Standard	Application Received:	07/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year old female who reported an injury on 02/28/2013. Mechanism of injury was being pulled and simultaneously running into an object. She was subsequently diagnosed with a cervical, lumbar, and right shoulder strains/sprains. She received MRI of the cervical and lumbar spines, x-rays of the right shoulder and ribs, and approximately 23 sessions of physical therapy from April to August of 2013. It is noted that after the last ordered sessions of physical therapy she was to continue with a home exercise program. The patient's current complaints include continued stiffness in the neck and right shoulder pain. There are no objective findings included in the medical records of an increased range of motion to injured areas or a decrease in pain levels and medication use. There are also no records regarding the implementation and efficacy of the home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x2 for c/s and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Shoulder, and Low Back Chapters, Physical Therapy sections..

Decision rationale: The California MTUS Guidelines did not specifically address this issue nor did ACOEM. Therefore, the Official Disability Guidelines were consulted. According to these guidelines, physical therapy for a cervical and shoulder sprain/strain should include 10 visits over 8 weeks. For a lumbar strain, 10 visits over 5 weeks is recommended. Since medical records reviewed show evidence that the patient received 23 sessions of physical therapy, to approve the current request would be excessive, per guideline recommendations. Therefore, the request for physical therapy 3 x week for 2 weeks is non-certified.