

Case Number:	CM14-0122828		
Date Assigned:	08/29/2014	Date of Injury:	04/05/2010
Decision Date:	10/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in 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 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/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:

Medical records reflect the claimant is a 55 year old male who sustained a work injury on 4-5-10. Office visit on 6-30-14 notes the claimant has cervical pain rated as 6-7/10 constant, right sternoclavicular pain rated as 6-7/10, right shoulder pain anteriorly rated as 4-5/10, increased with computer work. Exam was unchanged since prior visit. The claimant had a diagnosis of cervical spine sprain and strain, degeneration of the cervical intervertebral disc, right shoulder strain and sternoclavicular joint pin. The cl has been treated with acupuncture, chiropractic therapy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the cervical spine, stenoclavicular joint and right shoulder three times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 05/30/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical spine and shoulder chapters - physical therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided with physical therapy in the past. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed post injury. Additionally, improvement with past physical therapy not provided. Therefore, the medical necessity of this request is not established.