

Case Number:	CM14-0129773		
Date Assigned:	08/20/2014	Date of Injury:	12/01/2009
Decision Date:	10/22/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/14/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 67 year old female with date of injury 12/01/09. The treating physician report dated 7/17/14 indicates that the patient presents with pain affecting the neck and left shoulder. Her pain has remained unchanged since her last visit, her quality of sleep is poor and her activity level has decreased. 5/22/14 Cervical MRI findings include DDD at C6/7 with disc spur complex and moderate central stenosis. The physical examination findings reveal surgical scars left shoulder, moderately decreased left shoulder ROM, positive Hawkins and Neer test and tenderness in the A/C joint. The current diagnosis is 719.41 (Shoulder Pain). The utilization review report dated 8/12/14 denied the request for physical therapy 12 visits for the left shoulder and cervical spine and modified the request to authorize 6 sessions based on the rationale that the patient had not received physical therapy since 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits left shoulder and cervical spine: 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: The patient presents with chronic left shoulder and cervical pain. The current request is for Physical therapy 12 visits left shoulder and cervical spine. Review of the submitted report dated 7/17/14 states, "Re-request physical therapy x 12 sessions to evaluate and treat cervical spine and left shoulder/left arm. For strengthening, stabilization, and to teach the patient a home exercise program." The MTUS guidelines support physical therapy 8-10 sessions for myalgia and joint pain. The treating physician in this case has requested 12 sessions which is beyond the MTUS recommendation and the utilization review physician has authorized 6 sessions. While the patient may require care beyond the 6 approved sessions, at this time there is no clinical documentation to indicate the patient's response to care and no justification for physical therapy care beyond the 6 visits that were authorized. The recommendation is for denial of 12 sessions of physical therapy of the cervical spine and left shoulder.