

Case Number:	CM14-0143151		
Date Assigned:	09/10/2014	Date of Injury:	01/31/2012
Decision Date:	10/16/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/04/2014

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 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 injured worker is a 55-year-old male who reported an injury on 01/31/2012. The mechanism of injury was not provided. Diagnoses included myofascial pain syndrome, repetitive strain injury of the bilateral upper extremities, cervical spine strain, and cervical radiculopathy left side. Past treatments included physical therapy and medication. Diagnostic testing was not provided. Surgical history was not provided. The clinical note dated 08/25/2014 indicated the injured worker complained of pain in the cervical spine and bilateral shoulders, with numbness and tingling in the left hand. The physical therapy note dated 08/25/2014 indicated that cervical spine range of motion was within functional limits and bilateral upper extremity strength was rated 5/5. Current medications included omeprazole 20 mg, Flexeril 7.5 mg, Neurontin 600 mg, Terocin patch, and Menthoderm Gel. The treatment plan included physical therapy 8 sessions for the cervical spine and left shoulder. The rationale for the request was to progress strengthening and endurance for everyday activities. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 8 sessions - cervical spine, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 8 sessions for the cervical spine and left shoulder is not medically necessary. The California MTUS Guidelines indicate that physical therapy is recommended for patients with radiculitis to include 8 to 10 visits over 4 weeks. The injured worker complained of pain in the cervical spine and bilateral shoulders with numbness and tingling in the left hand. The physical therapist noted that cervical spine range of motion with within functional limits and bilateral upper extremity strength was rated -5/5. The injured worker had previously completed at least 6 physical therapy sessions. There is a lack of clinical documentation to indicate the need for continued physical therapy for the cervical spine and left shoulder. Previous physical therapy notes were not provided to allow for the comparison of findings. Therefore the request for physical therapy 8 sessions for the cervical spine and left shoulder is not medically necessary.