

Case Number:	CM14-0099376		
Date Assigned:	09/16/2014	Date of Injury:	09/16/2003
Decision Date:	10/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/27/2014

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:

This patient is a 47 year old female with an injury date of 9/16/03. Based on the 5/09/14 progress report by [REDACTED], this patient complains of "neck pain with radiation into the right upper extremity, though she does diagram left upper extremity symptoms today." This patient also finds "that she is having some similar symptoms that she experiences in the right arm into the left arm." Exam of the cervical spine reveals "moderate right cervical tenderness and mild left cervical tenderness with palpation." Work status: "continue prior P&S work status." Clinical impressions of this patient are: 1. Cervical spine, right shoulder, and right upper extremity repetitive motion injury. 2. Right upper extremity overuse syndrome. 3. Right shoulder partial tearing of the supraspinatus tendon and moderate impingement syndrome, secondary to moderate-to-severe degenerative changes in the AC joint and small 2 mm tear of the anterior labrum per a 01/04/07 MRI. 4. Right shoulder status post athroscopy, August 2008. 5. Right suprascapular nerve root entrapment causing right trapezius spasms. The utilization review being challenged is dated 5/27/14. The request is for PT Eval and treat x 4 sessions. The requesting provider is [REDACTED] and he has provided various progress reports from 6/17/13 to 7/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy and treat x 4 sessions: Overturned

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 Passive therapy Page(s): 98-99.

Decision rationale: This patient presents with continued cervical pain radiating into the right upper extremity. The treating physician requests PT Eval and treat x 4 sessions. MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias for non-post operative patients. While the 11/22/13 report states "she has been treated in the past with physical therapy, chiropractic treatment," there is no documentation as to the number of prior sessions of physical therapy attended. Furthermore, the 5/09/14 progress report notes this patient is "having some similar symptoms that she experiences in the right arm into the left arm." Exam also confirms there is "cervical tenderness with palpation." The request for 4 sessions of physical therapy seem reasonable and within MTUS guidelines, given the recent onset of symptoms in the left arm. This request is medically necessary.