

Case Number:	CM14-0211672		
Date Assigned:	12/24/2014	Date of Injury:	01/30/2004
Decision Date:	02/20/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 61-year-old female who has submitted a claim for chronic pain syndrome, lumbar/thoracic intervertebral disc displacement without myelopathy and myofascial pain syndrome associated with an industrial injury date of January 30, 2004. Medical records from 2014 were reviewed. The patient complained of neck and bilateral shoulder pain rated 8/10 in severity described as aching and stabbing. Physical examination of the left shoulder showed restricted motion on all directions. Motor strength of bilateral upper extremity muscles was rated 5/5. Treatment to date has included left L5 to S1 and left S1-S2 transforaminal epidural steroid injection, right wrist surgery x 2, left knee surgery x 2, right shoulder surgery x 2, left hip surgery, physical therapy, psychotherapy and medications. The utilization review from December 5, 2014 denied the request for 8 physical therapy sessions for cervical spine & shoulders because of limited documentation concerning recent exacerbation of symptoms that may warrant therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for cervical spine & shoulders: Upheld

Claims Administrator 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), TWC Shoulder Procedure Summary, Neck & Upper Back

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, it is unclear if the patient has completed a previous course of physical therapy directed to the cervical spine and both shoulders. Moreover, the most recent physical examination failed to provide a comprehensive documentation concerning impairments of the neck and bilateral shoulders. The medical necessity has not been established due to insufficient information. Therefore, the request for 8 physical therapy sessions for cervical spine and shoulders is not medically necessary.