

Case Number:	CM14-0215104		
Date Assigned:	01/02/2015	Date of Injury:	04/30/2003
Decision Date:	02/24/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/22/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 60 year old female with an injury date of 04/30/03. Based on the 07/03/14 progress report, the patient complains of neck pain and nausea. The 10/16/14 report indicates that the patient has right shoulder pain and neck pain. Radiographs show type 3 acromion vs calcific tendonitis. In regards to the right shoulder, there is pain at the end range, a positive Neer's, positive shrug sign, arc of pain, and greater tuberosity tenderness. There is tenderness to palpation of the trapezial and a decreased neck range of motion. The 11/11/14 report states that the patient has "difficulty with bathing, dressing, and other ADLs as she cannot push." The 11/03/14 MRI of the right shoulder shows subacromial bursitis and a lateral downsloping acromion, no rotator cuff tear. The patient's diagnoses include the following: 1. Cervical spondylosis 2. Displacement of cervical intervertebral disc 3. Degeneration of cervical intervertebral disc 4. Neck pain 5. Sciatica 6. Disorder of bursa of shoulder region 7. Rotator cuff syndrome 8. Brachial neuritis The utilization review determination being challenged is dated 11/18/14. Treatment reports are provided from 04/08/14- 12/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times twelve sessions: 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 right shoulder pain and neck pain. The request is for physical therapy times twelve sessions. There is no indication of any recent surgery the patient may have had. California MTUS page 98 and 99 has the following: Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The 10/08/14 report states that the patient has completed physical therapy for the lumbar spine and notes of improvement of her pain and symptoms. However, there is no indication of how many sessions the patient had or when the patient had these sessions. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the requested twelve sessions of physical therapy exceeds what is allowed by MTUS Guidelines. The requested physical therapy is not medically necessary. Review of the reports provided does not indicate if the patient has had any recent physical therapy sessions or any recent surgery. The treater is requesting for a total of twelve sessions of therapy which exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy is not medically necessary.