

Case Number:	CM14-0216541		
Date Assigned:	01/06/2015	Date of Injury:	08/27/2012
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/26/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 is a patient with a date of birth 11/3/43 and a date of work injury 8/27/12. The diagnoses include cervical spine sprain/strain; right shoulder rotator cuff tendinitis/bursitis; right wrist tenosynovitis. Under consideration is a request for physical therapy (PT) 2 times 4 cervical, right shoulder, and right wrist. There is a 11/24/14 progress note that states that the patient has intermittent moderate neck pain and intermittent moderate right shoulder pain. She finds great benefit from physical therapy with decreased pain. She is not taking any pain medications. On exam of the cervical spine there is tenderness to palpation about the paracervical musculature. There is restricted range of motion due to complaints of pain. There is positive cervical distraction test. There is tenderness about the right trapezius. There is restricted range of motion due to pain. There is a positive impingement sign. The right hand/wrist reveals diffuse tenderness to palpation. There is restricted range of motion. There is decreased grip strength. The treatment plan is for the patient to have PT at a rate of two times per week for four weeks. There is a 6/26/14 progress note that states that the patient's pain is much more tolerable after 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 times 4 cervical, right shoulder and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: Physical therapy (PT) 2 times 4 cervical, right shoulder and right wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has already had prior therapy for this condition and an additional 8 would exceed guideline recommendations. There are no extenuating factors documented that would require additional supervised therapy. The patient should be versed in a home exercise program. The request for additional physical therapy is not medically necessary.