

Case Number:	CM14-0092630		
Date Assigned:	08/08/2014	Date of Injury:	03/01/2013
Decision Date:	05/01/2015	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/17/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female who sustained an industrial injury on March 1, 2013. She has reported injury to her head, neck, and left shoulder and has been diagnosed with cervical disc protrusions at C5-6 and C6-7, calcific tendinitis and bursitis, left shoulder, rule out rotator cuff tear, lumbosacral spine strain secondary to right knee antalgia gait, and internal derangement of the right knee. Treatment has included medical imaging, chiropractic care, and medications. Currently the left shoulder showed evidence of pain at the acromioclavicular joint and over the the bicipital groove and subacromial bursa. There was limited range of motion to the back and medial and there was lateral joint line pain to the right knee. The treatment plan included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 4wks Right Knee/Left Shoulder/Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: This patient has a date of injury of March 1, 2013 and presents with chronic right knee, neck, and left shoulder pain. The patient also suffers from depression. The current request is for physical therapy 2 wk x 4 wks right knee/left shoulder/neck. The MTUS Chronic Pain Management Guidelines, pages 98, 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The utilization review denied the request stating that the number of PT sessions completed to date, last therapy attended, and objective functional response to therapy are not provided. There were no physical therapy reports provided for review. Progress report dated November 15, 2013 provides a recount of the patient's medical history which indicates that the patient received 12 physical therapy sessions by May 30, 2013. In this case, the treating physician provides no discussion as to why physical therapy is being requested at this time. There is no indication of new injury, new diagnoses, new examination findings or recent surgery to substantiate the current request. Furthermore, the patient has participated in 12 physical therapy sessions and the additional eight sessions would exceed what is recommended by MTUS. This request IS NOT medically necessary.