

Case Number:	CM15-0001631		
Date Assigned:	01/12/2015	Date of Injury:	08/27/2009
Decision Date:	03/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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: Internal Medicine, Rheumatology

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 65 year old female with date of injury 8/27/09. The mechanism of injury is not stated in the available medical records. The patient has complained of neck, bilateral shoulder, low back and left leg pain since the date of injury. She has been treated with bilateral arthroscopic shoulder surgery, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical and lumbar spine, tenderness to palpation of the cervical paraspinal musculature, decreased and painful range of motion of the bilateral shoulders. Diagnoses: shoulder pain, cervicgia, low back pain. Treatment plan and request: additional physical therapy 2-3 wk x 6 for cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2-3 wk x 6 for cervical spine and left shoulder: 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): 99.

Decision rationale: This 65 year old female has complained of neck, bilateral shoulder, low back and left leg pain since date of injury 8/27/09. She has been treated with bilateral arthroscopic shoulder surgery, physical therapy and medications. The current request is for additional physical therapy 2-3 wk x 6 for cervical spine and left shoulder. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia and myofascial pain. The submitted medical documentation indicates that the patient has already received this amount of passive physical therapy. On the basis of the MTUS guidelines and available medical documentation, an additional 2-3 / wk X 6 sessions of passive physical therapy is not indicated as medically necessary.