

Case Number:	CM15-0007874		
Date Assigned:	01/26/2015	Date of Injury:	12/16/2006
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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: California, Arizona
 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 47-year-old female who reported an injury on 12/16/2006. The mechanism of injury was not stated. The current diagnoses include cervicalgia, derangement of the shoulder, and lumbago. The injured worker presented on 12/05/2014 with complaints of cervical spine and right shoulder aggravated by repetitive motions. Additionally, the injured worker reported 8/10 low back pain. Upon examination of the cervical spine, there was paravertebral muscle tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, limited range of motion with pain, tingling and numbness in the lateral forearm and hand in the C6 dermatomal distribution, and motor weakness with wrist extensors and biceps. Physical examination of the shoulder revealed tenderness around the anterior glenohumeral region and subacromial space, positive Hawkins and impingement signs, painful rotator cuff function, reproducible symptomology with internal rotation and forward flexion, and negative instability. Examination of the lumbar spine revealed paravertebral muscle tenderness with spasm, positive seated nerve root test, and guarding with restricted range of motion. Recommendations at that time included authorization for physical therapy twice per week for 4 weeks. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical/lumbar spine, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no documentation of the previous course of treatment with evidence of objective functional improvement. Therefore, additional treatment would not be supported. As such, the request is not medically appropriate in this case.