

Case Number:	CM15-0016846		
Date Assigned:	02/05/2015	Date of Injury:	07/07/2014
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/29/2015

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

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 61-year-old female who reported an injury on 07/07/2014. The mechanism of injury was a fall. The injured worker previously underwent 13 sessions of physical therapy. The documentation of 12/17/2014 revealed the injured worker was having pain in the neck, back, and left shoulder. The left shoulder had limited range of motion. The documentation indicated the injured worker was unable to flex and abduct the left shoulder over 90 degrees and had 4/5 muscle strength globally. The injured worker was noted to have undergone an MRI of the cervical and lumbar spine, which revealed multilevel disc bulges in both areas. The injured worker had decreased range of motion of the cervical and lumbar spine. The diagnoses included sprain of neck, lumbar region, and shoulder/arm NOS and sprain of wrist NOS. The treatment plan included a neuro consult with EMG and NCV to rule out radiculopathy, finish out therapy, omeprazole 20 mg to protect the stomach from NSAIDs, and ibuprofen 800 mg for anti-inflammatory effect as well as Ambien 5 mg for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the cervical region and left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines Chapter

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 sessions of physical medicine for the treatment of myalgia, myositis, and radiculitis. The clinical documentation submitted for review indicated the injured worker had attended prior therapy. There was a lack of documentation of objective functional benefit that was received and there was a lack of documentation indicating objective functional deficits remaining. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, and the lack of documentation, the request for physical therapy at the cervical region and left upper extremity is not medically necessary.