

Case Number:	CM15-0117872		
Date Assigned:	06/26/2015	Date of Injury:	08/13/2014
Decision Date:	07/27/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/18/2015

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: 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 8/13/14. She has reported initial complaints of neck and left shoulder injury due to repetition of turning the steering wheel as a bus driver. The diagnoses have included cervical disc degeneration and left rotator cuff syndrome. Treatment to date has included medications, diagnostics, activity modification and other modalities. Currently, as per the physician progress note dated 4/23/15, the injured worker complains of neck pain and left shoulder pain. The objective findings reveal tenderness and crepitation. The physician noted that the injured worker has improved but slower than expected. There are no other findings noted. There is no previous diagnostics noted and no previous therapy sessions were noted in the records. The physician requested treatment included Initial physical therapy evaluates and treatment 2 times a week for 4 weeks for the left shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial physical therapy evaluate and treatment 2x4 for the left shoulder and cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 99.

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

Decision rationale: Initial physical therapy evaluate and treatment 2x4 for the left shoulder and cervical spine are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation is not clear on how much prior therapy the patient has had for the neck and for the shoulder. The MTUS recommends up to 10 visits for this condition. Without clarification of this information the request for 8 sessions for the left shoulder and cervical spine are not medically necessary.