

Case Number:	CM15-0027121		
Date Assigned:	02/19/2015	Date of Injury:	06/29/2012
Decision Date:	06/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45 year old female who sustained an industrial injury on 06/29/12. Initial complaints and diagnoses are not available. Treatments to date include medications and myofascial treatment massages. Diagnostic studies include MRIs. Current complaints include neck, low back, and right shoulder pain. Current diagnoses include neck and right shoulder pain, right shoulder adhesive capsulitis, and possible right carpal tunnel syndrome. In a progress note dated 01/08/15 the treating provider reports the plan of care as x-ray of the right shoulder, and physical therapy for the neck pain for cervical traction trial. The requested treatment is physical therapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 cervical spine: 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): 98-99.

Decision rationale: In this case, the claimant has undergone an unknown amount of therapy since October 2012. According to the guidelines, therapy is limited to 10 sessions after which additional therapy can be completed in a home based program. The request for 8 additional sessions of therapy is not medically necessary.