

Case Number:	CM15-0063375		
Date Assigned:	04/09/2015	Date of Injury:	09/03/2010
Decision Date:	05/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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: Emergency 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 61 year old female who sustained an industrial injury on 09/03/2010. Current diagnoses include cervical sprain/strain, left acromioclavicular joint sprain and arthrosis, left clavicle pain, right clavicle pain, and trapezius sprain/strain. Previous treatments included medication management, left shoulder arthroscopy, and physical therapy. Report dated 02/04/2015 noted that the injured worker presented with complaints that included pain in the cervical spine, clavicle spine, and left shoulder. Pain level was not included. Physical examination was positive for abnormal findings including tenderness to neck mostly to paraspinals with limited range of motion. The treatment plan included request for physical therapy. Requested treatment includes physical therapy two times per week for six weeks for 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 2 x 6 weeks for Cervical, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation, Online Edition, Chapter: Neck and Upper Back, Preface.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines recommend a trial of 6 sessions with reassessment before additional sessions is recommended. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. While patient may benefit from physical therapy, the total number of requested sessions exceed guideline's recommendation. Current request for 12 sessions of physical therapy is not medically necessary.