

Case Number:	CM15-0070512		
Date Assigned:	04/20/2015	Date of Injury:	04/19/2013
Decision Date:	06/24/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female with an industrial injury dated 4/19/2013. The injured worker's diagnoses include rotator cuff tear on the left shoulder, possible left sacroiliac joint dysfunction, left cubital tunnel syndrome with possible cervical radiculopathy, moderate left carpal tunnel syndrome, anterior listhesis L4-L5 and ganglion cyst volar and dorsal left wrist. Treatment consisted of Magnetic Resonance Imaging (MRI) of the left shoulder dated 12/9/2013, Electromyography (EMG) of the left upper extremity dated 12/10/2013, Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/4/2014, prescribed medications, and periodic follow up visits. In a progress note dated 3/13/2015, the injured worker reported neck pain, left shoulder pain, left wrist pain and lower back pain. Objective findings revealed decrease range of motion in the cervical spine, left shoulder and lumbar spine. The treating physician prescribed services for physical therapy 3 times a week for 4 weeks (12) for the cervical area as an outpatient, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x a week for 4 weeks (12) for the cervical area: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in April 2013 and continues to be treated for chronic pain. When seen, she was having neck, left shoulder, left wrist, and low back pain. Physical examination findings included decreased spinal and left shoulder range of motion. Shoulder impingement testing was positive. There was a wrist tenderness. Straight leg raising was negative. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is not medically necessary.