

Case Number:	CM15-0090030		
Date Assigned:	05/14/2015	Date of Injury:	05/31/2001
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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 65-year-old female, who sustained an industrial injury on 5/31/01. The injured worker was diagnosed as having degenerative cervical disc, cervical spondylosis without myelopathy, arthrodesis, brachial neuritis/radiculitis, rotator cuff syndromes, osteoarthritis of shoulder, traumatic arthropathy shoulder, sprain/strain of rotator cuff and shoulder, tear medial meniscus, tear lateral meniscus and internal derangement of knee. Treatment to date has included physical therapy, oral medications including opioids, topical medications and activity restrictions. Currently, the injured worker complains of left shoulder, right knee, left knee and neck pain. Physical exam noted mildly right antalgic gait, healed arthroscopic incisions and tenderness to palpation of distal left clavicle, mild tenderness to the acromion and mild tenderness to the subacromial space over the rotator cuff, there is also moderate tenderness to the anterior shoulder capsule with minimal tenderness to the rotator cuff; well healed arthroscopic scars of right knee with evidence of mild effusion, mild medial patellar facet tenderness, mild tenderness to the inferior pole of the patella and patellar tendon and moderate medial joint line tenderness; the left knee revealed well healed arthroscopic surgical scars, mild patellar facet tenderness, very mild lateral patellar facet tenderness, minimal tenderness to the inferior pole of the patella and mild to moderate medial joint line tenderness. The treatment plan included continuation of oral and topical medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 6wks Cervical Spine Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to the guidelines, therapy is indicated for up to 8-10 visits. Additional therapy is to be performed at home. In this case, the claimant had a corpectomy in 2009. There was no indication that the claimant cannot perform exercises at home. The request for 12 sessions of therapy exceeds the guideline recommendations. Therefore, the 12 sessions of physical therapy for the cervical spine is not medically necessary.