

Case Number:	CM15-0090713		
Date Assigned:	05/15/2015	Date of Injury:	02/10/2014
Decision Date:	07/22/2015	UR Denial Date:	05/06/2015
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: 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 49 year old female, who sustained an industrial injury on 02/10/2014 when she reported pain in her neck. There is subsequent injury dated 01/14/2015 after she was involved in a motor vehicle accident, which created increased pain in her neck. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having right shoulder rotator cuff tear and impingement, cervical degenerative disc disease, and right hand carpal tunnel syndrome. Treatment and diagnostics to date has included physical therapy, neck and right shoulder MRI's, and medications. In a progress note dated 04/22/2015, the injured worker presented with complaints of constant neck pain rated 6-7/10 on the pain scale. Objective findings include cervical tenderness. The treating physician reported requesting authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 6 Weeks to Right Shoulder and Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Physical Therapy 2 Times A Week for 6 Weeks to Right Shoulder and Cervical is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. The documentation indicates that the patient has had prior PT but it is unclear exactly how many sessions and why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits (which exceeds the MTUS recommendations for this condition) therefore this request is not medically necessary.