

Case Number:	CM14-0141054		
Date Assigned:	09/10/2014	Date of Injury:	12/31/2013
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old individual with an original date of injury of December 31, 2013. The injured body regions include the right shoulder and cervical spine. Diagnostic workup of the right shoulder includes an MRI performed on April 7, 2014 which demonstrated partial thickness rotator cuff tear and acromioclavicular osteoarthritis. The MRI of the cervical spine performed on June 2, 2014 revealed a left paracentral posterior disc protrusion and osteophytes at the C2-C-3 level and mild degenerative changes. A recent physical therapy note on date of service June 6, 2014 indicates that the patient completed 18 sessions of physical therapy. The disputed request is for additional physical therapy for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (cervical, bilateral shoulders/wrists): Upheld

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

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

Decision rationale: A recent physical therapy note on date of service June 6, 2014 indicates that the patient completed 18 sessions of physical therapy. The disputed request is for additional

physical therapy for 12 sessions. However, guidelines recommend tapering formal physical therapy to self-directed home exercises. Therefore the request for an additional 12 sessions of physical therapy is not warranted.