

Case Number:	CM14-0155448		
Date Assigned:	09/25/2014	Date of Injury:	02/29/2012
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 and Rehabilitation 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 underlying date of injury in this case is 02/29/2012. The date of the utilization review under appeal is 08/28/2014. The patient's diagnoses include chronic pain, cervical radiculopathy, and status post right shoulder arthroscopy. On 06/24/2014, the patient was seen in treating physician followup regarding ongoing pain in the neck and low back. The pain was recently worsened, and the pain was improved with stretching, massage, and heat. The patient was noted to have failed conservative treatment including medication, activity modification, and physical therapy. A request was made for a cervical epidural injection. Previously on 03/04/2014, the provider noted the patient had attended approximately 44 physical therapy visits status post a right shoulder diagnostic and operative arthroscopy with rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X/WEEK X 4 WEEKS FOR THE CERVICAL SPINE (ADDITIONAL): 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): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends transition to an active independent home rehabilitation program. This patient has a complex injury with symptoms involving the neck, shoulder, and low back. This patient would be anticipated to have transitioned to independent home rehabilitation by this time. The records do not provide a rationale for additional supervised rather than independent rehabilitation for the cervical spine. This request is not medically necessary.