

Case Number:	CM13-0005185		
Date Assigned:	12/27/2013	Date of Injury:	08/03/2012
Decision Date:	02/24/2014	UR Denial Date:	05/29/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 49 year old female who reported an injury on 08/03/2012 due to a slip and fall which caused injury to her right upper extremity. The patient ultimately developed reflex sympathetic dystrophy in the left upper extremity. The patient was conservatively treated with physical therapy and medications. The patient's most recent clinical evaluation revealed that the patient had continued pain complaints of the neck and decreased range of motion of the left shoulder. Physical findings included range of motion of the cervical spine described as 70 degrees in rotation to the right and 20 degrees in rotation to the left, 45 degrees in lateral bending to the right, and 40 degrees in lateral bending to the left, 45 degrees in extension, and 25 degrees in forward flexion. The patient's shoulder range of motion was described as 160 degrees in elevation with mild impingement in both shoulders. It was noted the patient was making good progress with previous physical therapy. The patient's diagnoses included reflex sympathetic dystrophy of the left upper extremity and ongoing neck pain with evidence of left sternocleidomastoid spasm. The patient's treatment plan included continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy for the cervical spine, 1-2 times a week for 4 weeks: 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: The requested 8 physical therapy sessions for the cervical spine 1 to 2 times a week for 4 weeks as an outpatient is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has undergone physical therapy and obtained functional gains. The California Medical Treatment Utilization Schedule recommends up to 24 visits of physical therapy for reflex sympathetic dystrophy. The clinical documentation submitted for review does not provide the frequency and duration of the previous therapy. Therefore, the need for continued therapy cannot be adequately assessed. Additionally, the California Medical Treatment Utilization Schedule recommends patients to be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence the patient is participating in a home exercise program. As such, the requested 8 physical therapy sessions for the cervical spine, 1 to 2 times a week for 4 weeks as an outpatient is not medically necessary or appropriate.