

Case Number:	CM13-0033114		
Date Assigned:	12/06/2013	Date of Injury:	01/19/2001
Decision Date:	12/16/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/09/2013

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 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:

This is a 49-year-old female with a 1/19/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/22/13 noted subjective complaints of neck pain radiating down the right arm, right shoulder pain, and right wrist pain. Objective findings included neck muscle spasms and decreased ROM. On the right wrist was noted to be swelling and tenderness over the ulnar side and anatomic snuffbox. Diagnostic Impression: post cervical laminectomy syndrome, shoulder pain, and cervical pain. Treatment to Date: medication management, cervical fusion, and TENS unit. A UR decision dated 9/10/2013 modified the request for physical therapy 2x6 weeks to the cervical spine, right shoulder, arm, and wrist, certifying 1x3 for instruction and oversight of an independent program. There is no specific rationale provided for the modification in the documents available for review.

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 the Cervical Spine, Right Shoulder, Arm, and Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, given the 2001 original date of injury, it is unclear how many prior sessions of physical therapy the patient has already had. In the documents available for review, there is no mention of objective functional benefit derived from prior sessions of physical therapy. Therefore, the request for Physical Therapy, 2 times a week for 6 weeks, to the Cervical Spine, Right Shoulder, Arm, and Wrist are not medically necessary.