

Case Number:	CM13-0036348		
Date Assigned:	12/18/2013	Date of Injury:	03/17/2011
Decision Date:	02/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

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 Pain Management has a subspecialty in Interventional Spine 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:

This is a 55 year-old female who was injured at work on March 17, 2011 when she tripped and fell on an outstretched right hand and dislocated her shoulder and injured her neck and back. She reported recurrent right shoulder dislocations about once a week for 6 months after the March 17, 2011 injury. She underwent a C4-5, C5-6 Anterior Cervical Discectomy Fusion (ACDF) on August 21, 2012, but according to the February 15, 2013 report from [REDACTED], the patient had not started physical therapy (PT) due to authorization issues. From February 19, 2013 to May 10, 2013 she attended 15 PT sessions and had improvement with the right shoulder issues and radiculopathy, but still had myofascial symptoms. She was seen for 9 additional PT sessions from May 17, 2013 to June 12, 2013, a total of 24 visits, with improvement in sleep. She was able to hike 6 miles, cycle 4.5 miles, and swim for 1.5 hours. She was trained in a home exercise program. She notices discomfort after about 8 minutes of computer work. She was discharged from PT on June 12, 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 12 sessions of Physical Therapy: 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 Section Page(s): s 98-99.

Decision rationale: The patient is outside the post-surgical physical medicine treatment timeframe. She has had 24 PT sessions outside the post-surgical timeframe February 19, 2013 to June 12, 2013 and was released by the therapist on June 12, 2013. She had significant relief and functional improvement with the PT, as well as training in a home exercise program. The shoulder problems resolved as did the cervical radiculopathy. On September 6, 2013 [REDACTED] recommended 12 more PT sessions in a pool because the patient states she was not able to work. The September 6, 2013 report did not mention any objective findings. The Chronic Pain Medical Treatment Guidelines recommend 8-10 sessions of PT for myalgias or neuralgias. The Chronic Pain Medical Treatment Guidelines also recommends aquatic therapy as an alternative to land-based PT where decreased weight-bearing is desirable. There was no rationale for need for decreased weight-bearing provided, and the requested 12 sessions of PT will exceed the California MTUS recommendations. Therefore the request for 12 sessions of Physical Therapy is not medically necessary and appropriate.

request for Therapeutic Pool Therapy in conjunction with the land based physical therapy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Sections Page(s): s 22, 98-99.

Decision rationale: The patient is outside the post-surgical physical medicine treatment timeframe. She has had 24 PT sessions outside the post-surgical timeframe February 19, 2013 to June 12, 2013 and was released by the therapist on June 12, 2013. She had significant relief and functional improvement with the PT, as well as training in a home exercise program. The shoulder problems resolved as did the cervical radiculopathy. On September 6, 2013 [REDACTED] recommended 12 more PT sessions in a pool because the patient states she was not able to work. The September 6, 2013 report did not mention any objective findings. The Chronic Pain Medical Treatment Guidelines recommend 8-10 sessions of PT for myalgias or neuralgias. The Chronic Pain Medical Treatment Guidelines also recommends aquatic therapy as an alternative to land-based PT where decreased weight-bearing is desirable. There is no rationale for the need for decreased weight-bearing provided. The Chronic Pain Medical Treatment Guidelines refers readers to the section on Physical medicine for the number of sessions for aquatic therapy. The requested 12 sessions of PT exceed the California MTUS recommendations of 8-10 sessions. Therefore the request for Therapeutic Pool Therapy in conjunction with the land based physical therapy is not medically necessary and appropriate.