

Case Number:	CM13-0047613		
Date Assigned:	12/27/2013	Date of Injury:	04/05/2010
Decision Date:	03/26/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 injured worker is a 51-year-old with a date of injury of April 5, 2010. The injured worker sustained an injury to the bilateral shoulders and cervical spine and carries diagnoses of cervical disc neuropathy. The injured worker is currently not working. The patient is on alprazolam, celecoxib. The patient has undergone right shoulder arthroscopy with rotator cuff repair and open distal clavicle excision. The notes indicate the patient has had a previous course of chiropractic care, prior cervical epidural steroid injection, and prior physical therapy. An MRI of the cervical spine performed on July 31, 2011 indicated mild to moderate multilevel disc disease from C4-7 most marked at C5-6 where moderate disc height reduction in 2.5 to 3.0 mm disc protrusion was noted. Electrodiagnostic studies performed on July 20, 2011 indicate chronic right cervical radiculopathy as well as bilateral median neuropathy at the wrist. The disputed issue is a request for cervical spine physical therapy. A utilization review determination had denied this request because the previous number of physical therapy sessions is unknown and there was no documentation of reinjury. Furthermore, there is the assertion that the injured worker is suitable for a home exercise program and that current request for additional physical therapy is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The submitted documentation indicates the injured worker has injuries to the bilateral shoulders and cervical spine. In a progress note on date of service 11/21/13, the requesting healthcare provider states that physical therapy for the cervical spine should be continued in the interim while the patient should have a left shoulder arthroscopy and subacromial decompression. There is a summary physical therapy note on October 9, 2013 which states that the physical therapist has seen the injured worker for 5 visits thus far. Range of motion of the cervical spine is steadily improving, but muscle strain and moderate neurogenic pain process that and ranges. At this point, the physical therapist feels the injured worker is ready to "began a basic cervical and upper corridor stabilization program." The note concludes that the patient has been treated before from anywhere from 8 to up to 16 sessions, and that another 8-10 visits are recommended. The California Medical Treatment and Utilization Schedule recommends for physical medicine a transition from formal physical therapy to self-directed home exercises. The records show that the patient has had many previous sessions of physical therapy. The request for physical therapy for the cervical spine is not medically necessary or appropriate.