

Case Number:	CM13-0062878		
Date Assigned:	04/30/2014	Date of Injury:	12/04/2006
Decision Date:	06/02/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 patient is a 57-year-old female with a 12/4/06 date of injury. Her subjective complaints include pain in the posterior neck and right shoulder, and objective findings include cervical spine exquisite tenderness in the left cervical paraspinals, mild muscle guarding in the paraspinals bilaterally, right shoulder positive Neer's and Hawkin's tests, diffuse tenderness over the lateral and posterior shoulder, full range of motion. Her current diagnoses include right shoulder impingement syndrome with tendinosis of the supraspinatus and infraspinatus tendons, and mild multilevel cervical spondylosis at C4-5, C5-6, and C6-7. Treatment to date has been medications, activity modification, injections, and physical therapy.

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 AND RIGHT SHOULDER (2 TIMES PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency and the transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS guidelines state that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines recommend a limited course of physical therapy for patients with a diagnosis of cervical spondylosis not to exceed nine visits over eight weeks; for a diagnosis of rotator cuff syndrome/impingement syndrome, treatment is not to exceed ten visits over eight weeks. The ODG also notes that patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy. When treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome with tendinosis of the supraspinatus and infraspinatus tendons, and mild multilevel cervical spondylosis C4-5, C5-6, and C6-7. In addition, there is documentation of previous physical therapy. However, the number of physical therapy visits completed to date were not provided for review. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.