

Case Number:	CM13-0068006		
Date Assigned:	05/07/2014	Date of Injury:	02/02/2009
Decision Date:	07/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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:

The patient is a 62 year old female who was injured on 02/02/2009 due to a cumulative work injury. Prior treatment history has included the patient undergoing therapeutic epidural administration of analgesics, therapeutic percutaneous epidural decompression neuroplasty of the cervical nerve roots for analgesia bilaterally at C4, C5, C6 and C7, and bilateral C4-5, C5-6 and C6-7 facet blocks utilizing medial branch approach on 08/15/2013, 09/19/2013 and 10/24/2013. As per report dated 07/30/2013, the patient has been undergoing physical therapy twice a week and it has been helpful. He has also been using TENS unit and it has been helpful. Diagnostic studies reviewed include MRI of the cervical spine dated 04/16/2013 revealing: 1) A5 C5-C⁶ a 2.4 mm broad-based central disc protrusion effaces the thecal sac and combines with facet hypertrophy narrows the neural foramina resulting in encroachment of the exiting nerve roots. 2) At C4-C5 a 2.1 mm broad-based central disc protrusion effaces the thecal sac and combined facet hypertrophy narrows the neural foramina resulting encroachment the exiting nerve roots. 3) At C6-C7 a 2.1 mm broad based central disc protrusion effaces the thecal sac. PR-2 dated 11/20/2013 documented the patient with complaints of pain in the neck and bilateral shoulders/arms. Her pain in the neck and right shoulder is rated 6/10. Objective findings on examination of the cervical spine reveal there is grade 2-3 tenderness to palpation over the paraspinal muscles. There is restricted range of motion. Bilateral shoulders exam reveals grade 2-3 tenderness to palpation. There is restricted range of motion. Supraspinatus test is positive in the left shoulder. Exam of bilateral arms reveals grade 2-3 tenderness to palpation. There is restricted range of motion. Comments: The patient states that treatment helps. She states that physical therapy helps to decrease her pain and tenderness. Diagnostic Impression: 1. Cervical spine strain/sprain with radiculitis and disc protrusion per MRI. 2. Status post right shoulder surgery on 08/07/2009. 3. Right shoulder adhesive capsulitis. 4. Left shoulder pain compensatory,

tendinosis. Treatment Plan: 1. The patient is to continue physical therapy to the cervical spine and bilateral shoulders (outside) 2 times a week for 6 weeks. 2. She is prescribed Motrin. 3. She is referred for extracorporeal shockwave therapy to the left shoulder. UR report dated 11/26/2013 denied the request for Extensive Physical Therapy 3 times a week for 4 weeks for the cervical spine and right shoulder based on the diagnosis and considering the very chronic nature of the post-op symptoms and the total lack of detailed discussion of efficacy of prior physical therapy, and lack of new hard clinical indications for need for extensive 3 x weekly PT x4 weeks, according to MTUS (neck/upper back and shoulder) Treatment Guidelines, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENSIVE PHYSICAL THERAPY, THREE (3) TIMES PER WEEK FOR FOUR (4) WEEKS, FOR THE CERVICAL SPINE AND RIGHT SHOULDER,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to ODG guidelines, Physical Therapy (PT) is recommended as pain management modality regarding the neck as a source of pathology. PT is recommended as 10 visits over 8 weeks for both; the cervical sprain/strain and displacement of the intervertebral disc. The available medical records document that the patient has been undergoing through multiple courses of PT as addressed by the reports dated 07/30/2013 and 11/26/2013. The medical records do not indicate the number of sessions received and detailed condition improvement. Regarding the shoulder condition, the medical records do not indicate the type of surgery performed, and the post-operative treatment course including the physical medicine. Accordingly, the requested Extensive Physical Therapy 3 times per week for 4 weeks for the cervical spine and right shoulder is not medically necessary.