

Case Number:	CM14-0001476		
Date Assigned:	01/31/2014	Date of Injury:	05/20/2013
Decision Date:	06/13/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/06/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of May 20, 2013. A utilization review determination dated December 10, 2013 recommends non-certification of additional physical therapy. A progress report dated September 3, 2013 indicates that the patient's condition has worsened. Diagnoses include cervical disc degeneration, cervical radiculopathy, and sprain and strain of the shoulder. The treatment plan recommends continued physical therapy and electrodiagnostic studies. A progress report dated June 27, 2013 indicates that the patient's condition is unchanged. The treatment plan recommends starting physical therapy. A progress report dated August 27, 2013 indicates that the patient's condition has worsened. The note indicates that the patient has had weekly therapy with the chiropractor with minimal progress. A progress report dated November 26, 2013 indicates that the patient was making significant improvement while she was going to physical therapy. The note recommends 6 additional visits of physical therapy along with a home exercise program. A note dated November 22, 2013 indicates that the patient's neck pain has subsided. A progress report dated January 3, 2014 identify subjective complaints indicating myofascial spasms in the cervical region, positive impingement signs in the right shoulder, 5 out of 5 grip strength in both upper extremities, positive Spurling's test, mildly diminished right triceps and biceps deep tendon reflexes, and normal sensation. The note goes on to recommend physical therapy indicating that the patient has had very minimal therapy to this point. A progress report dated September 4, 2013 indicates that the patient has not had any formal physical therapy for her shoulder or elbow since her symptoms began. The physical examination reveals tenderness to palpation on the right biceps tendon and lateral epicondylitis on the right elbow. The impression state biceps tendinitis and lateral epicondylitis in the setting of recurrent cervical radiculopathy. The treatment plan recommends initiating a course of physical therapy specific for the upper extremity problems concurrently with therapy for cervical degenerative

changes and radiculopathy. A physical therapy report dated September 13, 2013 indicates that the patient has undergone 5 out of 6 physical therapy visits for the neck and shoulder with minimal improvement. A progress report dated September 23, 2013 indicates that the patient is "a little better."

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY FOR THE CERVICAL SPINE 1-2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.