MAXIMUS Federal Services

Case Number:	CM14-0002204		
Date Assigned:	06/11/2014	Date of Injury:	06/21/2012
Decision Date:	08/01/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 27-year-old female who reported an injury on 06/21/2012. The diagnoses included status post arthroscopy surgery, left shoulder; left cervical strain with upper extremity cervical radiculitis; sleep disturbances due to pain. Previous treatments included 33 sessions of physical therapy, surgery, and injections. Within the clinical note dated 05/22/2014, it was reported the injured worker complained of left shoulder pain. She reported utilizing cervical traction to help with spasms in her neck and surrounding musculature. Upon physical examination, the provider noted acute exacerbation of pain with palpation over the trapezius and sternocleidomastoid. The provider requested for physical therapy/massage therapy 2 times a week for 12 weeks. However, rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR CERVICAL TRACTION/MASSAGE THERAPY 2XWEEK FOR 12 VISITS-CERVICAL/ LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-177.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, Physical Medicine Page(s): 60, 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The Guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. The Guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. Guidelines note massage therapy is recommended as an option. This treatment should be an adjunct to other recommended treatments including exercise and it should be limited to 4 to 6 visits in most cases. There is a lack of documentation indicating an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength and flexibility. The injured worker has had 33 sessions of physical therapy which exceeds the MTUS Chronic Pain Guidelines' recommendation of 8 to 10 visits. The request submitted for 12 additional sessions exceeds the MTUS Chronic Pain Guidelines' recommendations. The MTUS Chronic Pain Guidelines recommend only 4 to 6 visits of massage therapy. However, the request of 12 visits exceeds the Guidelines' recommendations for massage therapy. There is a lack of documentation indicating the efficacy of the prior physical therapy the injured worker had undergone. Therefore, the request is not medically necessary and appropriate.