

Case Number:	CM14-0109934		
Date Assigned:	09/16/2014	Date of Injury:	12/06/2012
Decision Date:	10/30/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/15/2014

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 & 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 February 6, 2012. A utilization review determination dated July 3, 2014 recommends noncertification of physical therapy 12 sessions for the cervical spine and shoulders. A physical therapy progress report dated January 16, 2014 indicates that the patient had treatment for the right hand. A progress report dated May 14, 2014 identifies subjective complaints including pain in the neck which radiates into the scapula, with occasional radiation into the neck, bilateral hands, and thumbs. The note indicates that the patient went to physical therapy in 2013 as well as undergoing acupuncture and shockwave therapy with temporary relief. The patient underwent carpal tunnel release in 2013 and had postoperative physical therapy. She also complains of shoulder pain on both sides right greater than left. Physical examination findings reveal pain with neck range of motion testing. The remainder of the report has not been included for review. A report dated May 5, 2014, indicates that the patient underwent physical therapy 3 times a week with not much relief. Objective examination findings identify reduced range of motion with the right shoulder. Diagnoses include internal derangement of the right shoulder with impingement, right lateral epicondylitis, and flexor tendinitis of wrists, bilateral carpal tunnel syndrome, and status post right carpal tunnel release. The treatment plan recommends an MR arthrogram of the right shoulder and considers an injection for the right shoulder and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions for cervical spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder Chapter, Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173, 200, Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy, Shoulder 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. ODG recommends 10 visits of physical therapy for impingement syndrome and sprains/strains of the shoulder. ODG recommends 10 visits of physical therapy or sprains and strains of the neck and cervical intervertebral disc disease. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.