

Case Number:	CM14-0010925		
Date Assigned:	02/21/2014	Date of Injury:	10/12/2012
Decision Date:	07/11/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine, 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 53-year-old female who has submitted a claim for cervical intervertebral disc displacement without myelopathy, left upper extremity radiculopathy, left shoulder impingement, lumbar intervertebral disc displacement without myelopathy, and left lower extremity radiculopathy associated with an industrial injury date of October 12, 2012. Medical records from 2012-2013 were reviewed. The patient complained of neck pain that radiates to the left shoulder. The neck pain was grade 3/10 in severity and radiates to the left side of the neck. The pain increased with turning the head from side to side, flexing and extending the head and neck, reaching or lifting, or prolonged sitting and standing. She also complains of some weakness of the upper arm with some very mild numbness in the thumb, index, and long fingers of the left hand. The left shoulder has pain grade of 3/10 and was non-radiating. It was exacerbated by overhead activities. Physical examination showed tenderness along the trapezius muscle bilaterally. There was also mild tenderness over the cervical paraspinal muscles. Cervical spine range of motion was limited. Cervical compression test and Romberg's test was positive on the left. There was decreased sensation on the C5-C6 dermatome. For the left shoulder, there was pain over the anterior aspect. Supraspinatus motor strength was 4/5. The patient was positive for apprehension, Neer's sign and Hawkin's sign. An MRI of the cervical spine, dated August 14, 2013, showed multiple cervical disc herniations, most notable at C6-C7 extending into the right lateral recess and neural foraminal, with stenosis also on the left side. An MRI of the left shoulder, dated August 22, 2013, showed type I-II acromion with mild proliferative changes in the acromioclavicular joint with impingement of the supraspinatus muscle/tendon junction with tendinosis changes, and partial intrasubstance tear at supraspinatus tendon insertion to the humeral head. Treatment to date has included medications, physical therapy, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X PER WEEK FOR 4 WEEKS ON THE CERVICAL SPINE AND LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, the Official Disability Guidelines recommend 10 physical therapy visits over 8 weeks for displacement of cervical intervertebral disc, and 10 visits over 8 weeks for impingement syndrome of the shoulder. In this case, the patient previously underwent an unknown number of physical therapy sessions. The number of physical therapy sessions previously done by the patient for each body part requested is not clear. There was no documentation of the previous physical therapy visits and there was no description regarding objective benefits derived from these sessions or a treatment plan with defined functional gains and goals. It was also not documented why additional physical therapy for the cervical spine and left shoulder is needed. Recent progress reports did not document any acute exacerbation or flare-up of symptoms. The patient is also expected to be well-versed in a self-directed home exercise program by now. Furthermore, the present request would exceed the number of physical therapy visits for the cervical spine and shoulder as recommended by the guidelines. As such, the request is not medically necessary.