

Case Number:	CM14-0012255		
Date Assigned:	02/21/2014	Date of Injury:	05/17/2013
Decision Date:	08/07/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/30/2014

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 40-year-old male who has submitted a claim for chronic pain syndrome, cervicobrachial syndrome, shoulder tendinitis, and sprain, ulnar collateral ligament, metacarpophalangeal joint, right thumb, associated with an industrial injury date of May 17, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of shoulder and neck pain. Physical examination revealed a normal range of motion of the cervical spine. There was tenderness over the right posterior cervical triangle. Patient can forward flex the right shoulder to 160 degrees, abduct it to 160 degrees, externally rotate to 70 degrees and internally rotate to 30 degrees. Impingement and adduction signs were positive. Patient can forward flex the left shoulder to 180 degrees, abduct to 170 degrees, externally rotate to 70 degrees and internally rotate to the point where the thumb touches the T12 spinous process. Elbow range of motion was normal. Tinel's and Phalen's tests were negative. Treatment to date has included ice treatments, physical therapy, a home exercise program, steroid injection, and medications, which include Norco and Ibuprofen. Utilization review from December 31, 2013 denied the request for physical therapy for the cervical spine twice a week for three weeks because the patient has had 12 prior sessions and there is no documented re-injury. Also, the patient is well past the sub-acute healing phase and has had a complete course of similar physical therapy without new hard clinical indications for need of 6 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical 2 times 3: Upheld

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

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 (ODG) Neck and Upper Back, Physical Therapy.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 10 visits over 8 weeks for strains and sprains of the neck. In this case, the patient has completed 12 PT sessions following the injury. It is therefore expected that the patient has received more than an adequate number of supervised physical therapy sessions for his condition that he should be well versed in a self-directed home exercise program. Furthermore, the present request exceeds the number of physical therapy sessions recommended by the guidelines as he has already completed 12 sessions. It is unclear as to why additional physical therapy sessions are needed. Therefore, the request for physical therapy for the cervical 2 times 3 is not medically necessary.