

Case Number:	CM14-0016526		
Date Assigned:	04/11/2014	Date of Injury:	06/30/2008
Decision Date:	05/28/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 62-year-old female who suffered a work-related injury on 06/30/2008 to her neck and right shoulder. She is diagnosed with chronic cervicgia and is status post right shoulder arthroscopy with rotator cuff debridement, subacromial decompression, Mumford procedure and superior labral debridement on 9/30/2011. The most recent progress reports dated 02/24/2014 and 03/24/2014 both indicates the patient reports ongoing right upper extremity and neck pain. Physical examination findings on both reports indicate that the patient has not had any physical therapy directed to her cervical spine. On examination, there was tenderness to the lower cervical spine and along the right paraspinal region with spasm noted. Spurling maneuver was negative bilaterally. Range of motion in the cervical spine was within normal limits in all planes. Both records further report DTRs were graded as +2/4 and motor strength testing of the right shoulder was limited due to pain and guarding, however was graded as 5/5 in all major groups bilaterally. Sensation to light touch and proprioception was grossly intact in the upper extremities. Treatment plan was prescribed medication, referred for electrodiagnostic studies of her right upper extremity, and physical therapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK X 4 WEEKS CERVICAL SPINE: 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 rationale: As per California MTUS Chronic pain medical treatment guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9-10 visits for myalgia and myositis and 8-10 visits for neuralgia, neuritis, and radiculitis. Guidelines further indicate fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the reports ongoing right upper extremity and neck pain. On physical exam, there is documentation of tenderness to the lower cervical spine and along the right paraspinal region with spasm noted. However, otherwise the physical examination was essentially normal with negative Spurling maneuver bilaterally, normal range of motion in the cervical spine, DTRs +2/4, motor strength testing 5/5 in all major groups bilaterally, and intact sensation in the upper extremities. The guidelines for physical therapy indicate it is beneficial for restoring flexibility, strength, endurance, function, and range of motion; however, there is not enough evidence of deficits on cervical spine examination findings and therefore the request is not expected to provide any therapeutic benefit. Thus, the request for physical therapy to the cervical spine 2x a week for 4 weeks does not meet guidelines criteria and is considered not medically necessary.