

Case Number:	CM14-0112892		
Date Assigned:	08/01/2014	Date of Injury:	08/08/2012
Decision Date:	11/20/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 8/8/12. A utilization review determination dated 7/3/14 recommended modification of the requested 12 physical therapy visits for the neck and right shoulder. The modification was made stating that given the patients persistent pain and lack of documentation of prior physical therapy, that 8 physical therapy visits were recommended. A progress report dated 6/4/14 is handwritten and difficult to decipher but looks like the patient had neck and right shoulder complaints. Objective findings indicate the patient is in no acute distress but remainder of note is illegible. Diagnoses include right shoulder pain and (illegible) syndrome rule out radiculopathy. Treatment plan included Chiropractic/ Physical therapy 2/6 weeks, MRI c-spine and right shoulder, IF Unit, Toxicology testing, Acupuncture, NCV/EMG, DNA testing and VSNCT. There is an MRI report dated 4/16/13 of the cervical spine which shows a C5-6 and C6-7 broad based posterior disc herniation causing narrowing of the spinal canal. There is an MRI dated 4/16/13 of the right shoulder which shows an AC joint separation and status post prior rotator cuff repair with supraspinatus tendinitis and labral pinning with cartilaginous labral fissuring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder and neck, eight sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy

Decision rationale: Regarding the request for 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. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS as a trial and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for Physical Therapy is not medically necessary.