

Case Number:	CM14-0119105		
Date Assigned:	08/06/2014	Date of Injury:	01/31/2008
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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:

The injured worker is a 62 year-old male who was reportedly injured on 01/31/2008 due to repetitive office work. The injured worker underwent right shoulder surgery in 2013 and right long finger trigger release on 03/11/2014. Treatment has included medications and extensive physical therapy most recently certified on 03/11/2014. The last medical report dated 07/11/2014 noted the injured worker complaining of severe upper extremity paresthesia. Cervical magnetic resonance image date 02/12/2013 and 03/26/2013 respectively shows C4-6 foraminal stenosis. A right shoulder without contrast magnetic resonance image on 02/12/2013 showed a full thickness tear of the supraspinatus with significant retraction, interstitial tearing in the infraspinatus, the long head of the biceps tendon is intact but partly flattered over the lesser tubercle, and a mild amount of fluid in the subacromial/subdeltoid bursa (possibly bursitis). Physical examination revealed 60% cervical range of motion with pain and mildly positive Spurling sign. A request was made for Physical Therapy Cervical Spine two times a week for eight weeks and was not certified in the utilization review on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical Spine 2 x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck.

Decision rationale: As per CA MTUS 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 Official Disability Guidelines (ODG) recommends 9-10 visits over 8 weeks intervertebral disc disorders without myelopathy, and sprain/strain. In this case, the injured worker has already received extensive physical therapy visits. However, there is little to no documentation of Physical Therapy (PT) progress notes/any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury/surgical intervention. Moreover, additional physical therapy visits would exceed the guideline criteria. Furthermore, there is no mention of the patient utilizing an home exercise program (at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.