

Case Number:	CM14-0121929		
Date Assigned:	08/06/2014	Date of Injury:	02/11/2008
Decision Date:	10/01/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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 Illinois. 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 57-year-old female with a reported date of injury on 02/11/2008. The mechanism of injury was noted to be repetitive trauma. Her diagnoses were noted to include cervical spine, herniated disc to the C5-6 and C6-7 with segmental instability, anterolisthesis at C4-5 with spondylosis and clinical findings of radiculopathy, right shoulder strain, rule out tendonitis, rotator cuff tear, impingement syndrome, with evidence of a malunion fracture to the right clavicle, left shoulder status post arthroscopy with labral tear repair and distal clavicular resection. Her previous treatments were noted to include epidural steroid injection, physical therapy, massage, and medications. The progress note dated 06/11/2014 revealed complaints of neck pain with radicular symptoms to the right/left arm. The injured worker stated symptoms were aggravated with lifting. The physical examination of the cervical spine noted range of motion for flexion was to 40 degrees, extension was to 50 degrees, right rotation was to 65 degrees, left rotation was to 65 degrees, and right/left lateral bending was to 30 degrees. The foraminal compression test and Spurling's test was positive. There was tightness and spasm in the trapezius, sternocleidomastoid and strap muscles right/left. The deep tendon reflexes were equal and symmetric. The Request for Authorization form dated 06/11/2014 was for physiotherapy to cervical spine and bilateral shoulders 2 to 3 times per week for 6 weeks to increase range of motion, strength training, traction, massage and decreased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy to cervical spine and bilateral shoulders 2-3 times a week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The request for physiotherapy to cervical spine and bilateral shoulders 2-3 times a week for 6 weeks is not medically necessary. The injured worker has participated in previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance, resistance and functional activities with assisted devices. The guidelines recommend for neuralgia, neuritis, and radiculitis 8 to 10 visits over 4 weeks. There is a lack of documentation regarding current measurable objective functional deficits in regards to the bilateral shoulders and quantifiable objective functional improvements with the previous physical therapy sessions to the cervical spine and bilateral shoulders, as well as number of sessions completed. Additionally, the request for physiotherapy to cervical spine and bilateral shoulders 2-3 times a week for 6 weeks exceeds guidelines. Therefore, the request is not medically necessary.