

Case Number:	CM14-0145065		
Date Assigned:	09/12/2014	Date of Injury:	11/06/2012
Decision Date:	11/05/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 61-year-old female who reported an injury on 11/06/2012 due to a trip and fall. On 07/30/2014, the injured worker presented with complaints of increased neck pain with overhead activity and range of motion. Upon examination of the cervical spine, there was tenderness and spasm to the suprascapular area with pain to the neck with range of motion values of 90 degrees of flexion, 80 degrees of extension, and 80 degrees rotation. The diagnoses were status post left shoulder rotator cuff repair, cervical radiculopathy, and cervical strain. Prior therapy included left shoulder arthroscopy, 24 visits of previous physical therapy visits, and medications. The provider recommended 6 sessions of physical therapy. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times 3 weeks (6 sessions) for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for additional physical therapy 2 times 3 weeks (6 sessions) for the cervical spine is not medically necessary. The California MTUS states that active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior courses of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend 10 visits of physical therapy for up to 4 weeks. The injured worker has undergone a significant amount of prior physical therapy visits. The provider's request for additional physical therapy 2 times a week for 3 weeks exceeds the guideline recommendations. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.