

Case Number:	CM14-0151415		
Date Assigned:	09/19/2014	Date of Injury:	03/12/2010
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/17/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 49 year-old with a date of injury of 03/12/10. A progress report associated with the request for services, dated 07/28/14, identified subjective complaints of neck, bilateral shoulder and wrist pain. Objective findings included tenderness to palpation of the cervical spine with decreased motor and sensory function at C5-8. There was decreased range of motion of the shoulders and wrists. Phalen's and Tinel's signs were positive bilaterally. Diagnoses included (paraphrased) cervical and lumbar disc disease; status post shoulder arthroscopy; and status post carpal tunnel release. Treatment had included arthroscopy of the left shoulder times three. He had completed 3/10 physical therapy sessions by July of 2014, but they had not helped. He was taking non-steroidal anti-inflammatory drugs (NSAIDs) and oral analgesics. A Utilization Review determination was rendered on 08/20/14 recommending non-certification of "12 Physical Therapy Visits for the Cervical Spine and Bilateral Shoulders".

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the cervical spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition Neck and Upper Back; Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Physical Therapy; Forearm, Wrist, & Hand, Physical Therapy; Shoulder, Physical Therapy

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for neck strain, 10 visits over 8 weeks are recommended. For cervical disc disease and radiculopathy, 10-12 visits over 8 weeks. For wrist strain and pain, 9 visits over 8 weeks are recommended. For shoulder strain and impingement or rotator cuff syndrome, 10 visits over 8 weeks are recommended. The patient has received at least three previous physical therapy sessions. An additional 12 sessions are requested, which exceeds the recommendations above. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore the medical necessity for 12 additional physical therapy sessions.