

Case Number:	CM14-0151802		
Date Assigned:	09/19/2014	Date of Injury:	03/23/2011
Decision Date:	10/28/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/11/2014

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 patient is a 46 year old female with an injury date of 03/23/11. Per the 07/29/14 report by [REDACTED], the patient presents with neck pain rated 9/10, occasional right shoulder pain rated 3/10 and lower back pain rated 7-8/10. The patient is noted to be temporarily totally disabled for 4-6 weeks. Examination of the cervical spine reveals painful range of motion and tenderness of the paraspinal musculature. For the hand, decreased sensation to light touch at the right small index and middle finger is noted. Examination of the lumbar spine shows guarding and muscle spasm, painful range of motion and tenderness to palpation of the bilateral paraspinal musculature. The patient's diagnoses include: Status post right shoulder subacromial arthroscopy 11/12/13. Cervicothoracic spine strain Rule out ulnar nerve entrapment Chronic lumbar spine strain with work aggravation Complaints of anxiety, depression and sleep difficulty. The utilization review being challenged is dated 08/13/14. The rationale is the patient has received extensive therapy for her chronic condition without documentation of objective improvement. Reports were provided from 03/18/14 to 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Myalgia and myositis Page(s): 98, 99.

Decision rationale: The patient presents with neck pain rated 9/10, occasional right shoulder pain rated 3/10, and lower back pain rated 7-8/10. The treater requests for: 12 physical therapy sessions for the lumbar spine. MTUS pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. On 07/29/14 the treatment plan states that 12 additional physical therapy sessions are requested for the right shoulder, cervical spine and lumbar spine. Prior treatment reports show the patient underwent a course of therapy for the right shoulder; however, it is unclear if prior treatment was provided for the cervical spine. No reports or discussion document that the patient is within a postoperative treatment period. The treater does not discuss this request and no physical therapy reports or discussions of prior treatment for the cervical spine were provided. In this case, the 12 sessions requested exceed what is allowed per MTUS above. Recommendation is for denial.

Twelve (12) physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Myalgia and myositis Page(s): 98, 99.

Decision rationale: The patient presents with neck pain rated 9/10, occasional right shoulder pain rated 3/10, and lower back pain rated 7-8/10. The treater requests for: 12 physical therapy sessions for the lumbar spine. MTUS pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. On 07/29/14 the treatment plan states that 12 additional physical therapy sessions are requested for the right shoulder, cervical spine and lumbar spine. Prior treatment reports show the patient underwent a course of therapy for the right shoulder; however, it is unclear if prior treatment was provided for the lumbar spine. No reports or discussion document that the patient is within a postoperative treatment period. The treater does not discuss this request and no physical therapy treatment reports or discussions of prior lumbar spine treatment are in the reports provided. In this case, the 12 sessions requested exceed what is allowed per MTUS above. Recommendation is for denial.

Twelve (12) physical therapy sessions for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Myalgia and myositis Page(s): 98,99.

Decision rationale: The patient presents with neck pain rated 9/10, occasional right shoulder pain rated 3/10, and lower back pain rated 7-8/10. The treater requests for 12 Physical therapy sessions for the right shoulder. MTUS pages 98, 99 states, that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. On 04/29/14 the treater states that the patient finished physical therapy and it helped and the reports show treatment was for the right shoulder. The patient was within the postoperative treatment period as of this date. The 06/10/14 treatment plan requests authorization for 12 sessions of physical therapy for the right shoulder. The patient is outside the postoperative treatment period for the 11/12/13 right shoulder arthroscopy as of this request. In this case, the physical therapy records of prior treatment have not been provided, therefore, it is difficult determine any benefits of the patient's prior treatment. The treater states that the patient was encouraged to continue passive forward exercises; however, the reports do not state the reason for the requested additional sessions or why home exercise is not adequate. No flare up of the patient's condition is mentioned. Furthermore, the 12 sessions requested exceed what is allowed per MTUS. Recommendation is for denial.