

Case Number:	CM14-0153175		
Date Assigned:	09/23/2014	Date of Injury:	02/20/2011
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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:

This 52 year-old patient sustained an injury on 2/20/11 while employed by [REDACTED]. Request(s) under consideration include physical therapy 3x/week for 2 weeks cervical spine. Diagnoses include cervical spine degenerative disc disease; right shoulder impingement syndrome s/p arthroscopic surgery with SAD, excision of calcific tendinitis and mini open biceps tenodesis (unspecified date). Conservative care has included medications, physical therapy, injections, facet blocks, chiropractic treatment, and modified activities/rest. AME report of 8/20/12 with supplemental 7/5/13 noted patient was "not a candidate for epidural steroid injections or surgery" with P&S status for cervical spine. Report of 7/24/14 from another provider had recommendations for repeat MRI, home traction unit, physical therapy and possible epidural steroid injection. Report of 7/25/14 from the provider noted the patient's Toradol no longer providing relief, requesting for different medication. Report of 8/14/14 from the provider noted the patient with ongoing shoulder and neck symptoms. Exam showed tenderness to right trapezius and right paraspinals muscles; full range; shoulder with tenderness to palpation at AC joint with restricted range; and negative impingement syndrome. Treatment was for physical therapy to cervical spine and right shoulder. Report of 9/25/14 from the provider noted the patient with continued right shoulder and cervical spine pain rated at 6/10. Exam showed bilateral trapezius spasm, more on left; minimal tenderness; normal range with pain on left lateral bending; right shoulder with normal range. Treatment included medications Flexeril, Elavil, and continued modified restrictions of no lifting over 10 pounds. The request(s) for physical therapy 3x/week for 2 weeks cervical spine was modified on 9/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x a Week for 2 Weeks Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Physical therapy (PT) is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. Therefore, the request for physical therapy 3x/week for 2 weeks cervical spine is not medically necessary and appropriate.