

Case Number:	CM14-0156719		
Date Assigned:	09/26/2014	Date of Injury:	04/10/2013
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/24/2014

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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 51-year-old female with a 4/10/13 date of injury. At the time (8/15/14) of request for authorization for Physical Therapy 2x week for 4 weeks with traction for the cervical and right shoulder, there is documentation of subjective (right shoulder pain and right-sided neck pain radiating to the right thumb with numbness and paresthesias) and objective (right shoulder tenderness to palpation over the anterolateral subacromial, lateral deltoid and acromioclavicular joint areas with crepitus, positive impingement signs, and decreased range of motion; tenderness to palpation over the paracervical areas, levator scapulae and medial trapezius with spasms, decreased and painful cervical range of motion, and positive Spurling's sign) findings, current diagnoses (right shoulder impingement with bursitis, status post arthroscopy of the right shoulder on 2/26/14, and right cervical strain with degenerative disc disease, and right upper extremity C6 cervical radiculopathy), and treatment to date (at least 16 physical therapy sessions). 8/15/14 physical therapy report identifies that the patient has improved 40% toward their overall goal with demonstrable gains in functional mobility as a result of physical therapy. There is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week for 4 weeks with traction for the cervical and right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174,Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back; Shoulder, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS reference to ACOEM identifies that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction in the management of neck and upper back complaints. MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical degenerative disc disease and shoulder impingement not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement with bursitis, status post arthroscopy of the right shoulder on 2/26/14, and right cervical strain with degenerative disc disease, and right upper extremity C6 cervical radiculopathy. In addition, there is documentation of previous physical therapy to the neck and right shoulder. Furthermore, given documentation that the patient has improved 40% toward their overall goal with demonstrable gains in functional mobility as a result of physical therapy, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of physical therapy provided to date. However, given documentation of at least 16 physical therapy sessions completed to date, which exceeds guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy 2x week for 4 weeks with traction for the cervical and right shoulder is not medically necessary.