

Case Number:	CM14-0163391		
Date Assigned:	10/08/2014	Date of Injury:	06/06/2005
Decision Date:	10/31/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Practice and is licensed to practice in Ohio. 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 69 year old female with a date of injury of 6/06/2005. The only stated diagnosis is cervical strain/sprain. The only reviewable records are that from a summary from previous utilization review. The injured worker complains of neck pain radiating to the C5 and C6 dermatome distribution and low back pain radiating to the L2 and L3 dermatome distribution. The physical exam has revealed decreased cervical range of motion, tenderness to palpation and spasm of the paraspinal neck musculature and a positive compression test. There is diminished sensation of the left shoulder, left forearm, and the medial hands. There is decreased lumbar range of motion, tenderness to palpation and spasm of the paraspinal musculature, and a positive straight leg raise test bilaterally. It appears that 2 rounds of physical therapy, 6 sessions each, have been ordered. It is unclear how many sessions have been completed. It appears that 3 separate visits for extracorporeal shock wave therapy were done for the cervical spine but no documentation is enclosed for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy to C/S L/S 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Official Disability Guidelines allow for fading of physical therapy treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Generally, 6 visits are allowed for a variety of orthopedic issues with a determination for future physical therapy being dependent on response to date. For sprains and strains of the neck, up to 10 visits over 8 weeks may be allowed under the guidelines. 10-12 visits may be allowed for lumbar sciatica as well. Because no physical therapy details are enclosed, a determination as to how many visits have occurred to date or response to treatment cannot be ascertained. Therefore, continued physical therapy to the cervical and lumbar spine, 2 times a week for 6 weeks, is not medically necessary.

ECSWT extra corporeal shock wave therapy to C/S: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Extracorporeal Shockwave Therapy

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines are silent on extracorporeal shock wave therapy for neck sprains/strains. For patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. The ODG limits treatment session to 3 over 3 weeks for the shoulder. In this instance, there are no notes available discussing previous therapies for the neck and no notes from the treatments already given. Therefore, ECSWT extra corporeal shock wave therapy for cervical spine region is not medically necessary.