

Case Number:	CM14-0171395		
Date Assigned:	10/24/2014	Date of Injury:	10/17/2013
Decision Date:	11/25/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/16/2014

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 Neurology, Has a Subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 36-year-old man who sustained a work-related injury on October 17, 2013. Subsequently, he developed with chronic neck and upper back pain. The patient was treated with physical therapy and epidural injection as well as pain medications. The patient was treated with 16 sessions of Physical Therapy. According to a progress report dated on September 19, 2014, the patient was complaining of sharp neck pain radiating to both shoulders. The pain is increased by movement and the patient reported difficulty with breathing and fatigue. The patient physical examination demonstrated the cervical tenderness with reduced range of motion, reduced range of motion of the left shoulder with positive impingement tests. Range of motion of the right shoulder was reduced. The patient's X-Ray of September 19, 2014 demonstrated disc space narrowing at C4-5 and C5-6 levels. The provider requested authorization for additional 12 sessions of Physical Therapy for Cervical Right Shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Shoulder and Cervical Spine, qty: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

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

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). There is no recent documentation of efficacy of previous 16 physical therapy sessions. MTUS guidelines do not recommend more than 10 sessions of physical therapy for chronic pain associated to active self-directed home physical therapy. Therefore, the request for, objective findings that support musculoskeletal dysfunction. Therefore, the request for Physical therapy for the right shoulder and cervical spine, QTY: 12 sessions is not medically necessary.