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| Case Number: | CM14-0022774 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 05/14/2012 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 39 year old female who was injured on 05/14/12. The mechanism of injury is not described. The injured worker is diagnosed with a sprain of the neck. A physical therapy discharge summary dated 10/11/13 states the injured worker met all goals set at the initial evaluation and has been transitioned to a home exercise program. Clinical note dated 01/20/14 notes the injured worker complains of intermittent neck and upper back pain with occasional pain and soreness of the right shoulder. This note indicates the injured worker had completed 12 sessions of physical therapy for the neck and shoulders between 09/24/13 and 10/11/13 and states the injured worker felt the physical therapy was very helpful. Physical examination on this date reveals tenderness to palpation over the paraspinals of the cervical spine, trapezius and rhomboids. Examination of the right shoulder revealed tenderness to palpation over the anterior and posterior aspects of the shoulder. Improved ROM of the right shoulder is noted. This note reveals the treating provider suggests additional physical therapy for the cervical spine and right shoulder. A request for an additional 12 sessions of physical therapy for the right shoulder and cervical spine was submitted on 01/17/14 and was subsequently denied by Utilization Review dated 02/07/14 citing 12 previously completed sessions of physical therapy which should allow the injured worker to transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY; TWELVE (12) SESSIONS (2X6), CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES,.

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

Decision rationale: The request for physical therapy; twelve (12) sessions (2 times 6), for the cervical spine is not recommended as medically necessary. Chronic Pain Medical Treatment Guidelines state, "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." The records submitted for review indicate the injured worker completed a course of physical therapy and was discharged from this treatment program after having met all established goals. The clinical note which contained the request for additional physical therapy did not reveal evidence of significant functional deficit upon physical examination which would warrant additional treatment with physical therapy. Moreover, after 12 sessions of formal physical therapy, the injured worker was discharged from formal therapy to participate in a home exercise program. There are no barriers included for review which would indicate the injured worker would not be able to participate in a home exercise program. Based on the clinical information provided, medical necessity of 12 sessions of physical therapy for the cervical spine is not established.

PHYSICAL THERAPY; TWELVE (12) SESSIONS (2X6), RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES,.

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

Decision rationale: The request for physical therapy; twelve (12) sessions (2 times 6), cervical spine is not recommended as medically necessary. Chronic Pain Medical Treatment Guidelines state, "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." The records submitted for review indicate the injured worker completed a course of physical therapy and was discharged from this treatment program after having met all established goals. The clinical note which contained the request for additional physical therapy did not reveal evidence of significant functional deficit upon physical examination which would warrant additional treatment with physical therapy. Moreover, after 12 sessions of formal physical therapy, the injured worker was discharged from formal therapy to participate in a home exercise program. There are no barriers included for review which would indicate the injured worker would not be able to participate in a home exercise program. Based on the clinical information provided, medical necessity of 12 sessions of physical therapy for the cervical spine is not established.

