

Case Number:	CM14-0024950		
Date Assigned:	06/11/2014	Date of Injury:	12/01/2004
Decision Date:	12/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 49-year-old woman with a date of injury of 12/01/2004. A note dated 04/30/2014 identified the mechanism of injury as repetitive work activities. Treating physician notes dated 10/25/2013, 01/15/2014, 03/11/2014, and 04/30/2014 indicated the worker was experiencing left shoulder pain and stiffness, left arm weakness and numbness, pain in the neck and upper back, pain in both arms, and depressed mood. Documented examinations described left shoulder tenderness, positive left empty can and Hawkins tests, tenderness in the elbow and upper back muscles, and positive Tinel's signs involving both wrists. The submitted and reviewed documentation concluded the worker was suffering from left shoulder adhesive capsulitis, degenerative disk disease involving the upper and lower back, and carpal tunnel syndrome in both wrists. Treatment recommendations included oral pain medications, additional physical therapy for both wrists and the upper back. A Utilization Review decision was rendered on 02/13/2014 recommending non-certification for physical therapy for the cervical spine twice weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine 2 times a week for 6 weeks: 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 Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing left shoulder pain and stiffness, pain in both arms, left arm weakness and numbness, pain in the neck and upper back, and depressed mood. The reviewed records reported the worker had undergone physical therapy for the worker's shoulder issues with only moderate improvement in the past. There was no suggestion the worker was continuing with a home exercise program as recommended by the Guidelines. There also was no discussion supporting additional physical therapy sessions beyond those supported by the Guidelines. In the absence of such evidence, the current request for physical therapy for the cervical spine twice weekly for six weeks is not medically necessary.