

Case Number:	CM14-0033885		
Date Assigned:	06/20/2014	Date of Injury:	09/09/2009
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/18/2014

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 licensed in Chiropractic Services 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:

The patient is a 55-year-old female, born on [REDACTED] with date of injury on 09/09/2009. No historical information of the mechanics of an injury was provided for this review. Although confirming clinical documentation was not provided, submitted information indicates the patient had treated with 30 visits of physical therapy through 08/08/2012. On 08/08/2012, the chiropractor requested physical therapy at a frequency of 2 times a week for 4 weeks. The clinical records do report the patient treated on 10 PT sessions from 10/16/2012 through 11/29/2012, without documentation of pain reduction or objective measurable functional improvement achieved. On 09/16/2013, the chiropractor reported patient complaints of unrelenting pain in neck, shoulders and lumbar spine, and he requested authorization to proceed with physical therapy for the cervical spine and bilateral shoulders at a frequency of 2 times per week for 3 weeks. The chiropractor's progress report of 11/05/2013 notes patient complaints of neck and bilateral shoulder pain, and numerous other complaints not reported to be specifically related to the conditions in question. On 11/05/2013, cervical examination noted flexion 45 with slight pain, extension 50, bilateral lateral flexion 30, and bilateral rotation 40; positive paravertebral and upper trapezius muscle spasms bilaterally, positive maximum foraminal compression and shoulder depression tests bilaterally, upper extremity sensory examination within normal limits bilaterally, and upper extremity DTRs +2 bilaterally. Shoulder examination found upper extremity motor strength right 4/5 with pain and left 5/5; shoulder range of motion noted abduction right 90 with pain/left 180, abduction right 20 with pain/left 20, forward flexion right 95 with pain/left 180, extension right 20 with pain/left 30, internal rotation right 60 with pain/left 80, and external rotation right 70 with pain/left 80; Apley scratch, supraspinatous, impingement, and Yergason's tests positive on the right and negative on the left. Diagnoses were noted as: 1) cervical spine MLI, 2) bilateral shoulder impingement, 3) carpal tunnel syndrome,

and other diagnoses not reported to be specifically related to the neck and shoulders. On 11/05/2013 the chiropractor requested physical therapy to the neck and shoulders at a frequency of 2 times per week for 4 weeks. The patient underwent orthopedic lumbar spine reevaluation on 11/20/2013. A trial of 4 PT visits were approved on 12/02/2013, and records indicate the patient treated on 12/16/2013, 01/02/2014, and 01/09/2013 [sic], without documentation of pain reduction or objective measurable functional improvement achieved. Per AME report of 03/11/2014 the patient had reached Maximal Medical Improvement as reported in his 03/26/2010 report. There is a request for 6 Physical Therapy (PT) sessions to the neck and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to neck and shoulder quantity :6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

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

Decision rationale: The request for 6 visits of physical therapy to the neck and shoulder is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines, Physical Medicine/Physical Therapy) describes passive therapy as treatment modalities that do not require energy expenditure on the part of the patient. These modalities 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. Passive modalities can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. This patient's injury occurred on 09/09/2009, nearly 5 years ago, and is no longer considered during the early phase of pain treatment; therefore, passive therapies are not supported medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines, Physical Medicine/Physical Therapy) reports 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 pain. 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. The exercises and activities supported by MTUS do not require ongoing supervision, special equipment, or gym or clinic setting in order to be performed. The self-directed patient can perform these activities in the privacy of their home, performed at their convenience and speed. There is no evidence this patient was incapable of performing a self-directed home exercise program. MTUS supports 9-10 visits of Physical Therapy (PT) over 8 weeks in the treatment of unspecified myalgia and myositis, and 8-10 visits over 4 weeks in the treatment of unspecified neuralgia, neuritis, and radiculitis. Per submitted information, the patient treated with 30 visits of physical therapy through 08/08/2012. Records provided for this review indicate the patient treated with physical therapy on 10 occasions from 10/16/2012 through 11/29/2012, and on 12/02/2013 the patient

was certified 4 PT visits. The patient has already treated in excess of guidelines recommendations without evidence of efficacy with care rendered, without evidence of acute exacerbation, and without evidence of a new condition; therefore, the request for 6 PT sessions to the neck and shoulder are not supported to be medically necessary.