

Case Number:	CM14-0041235		
Date Assigned:	06/30/2014	Date of Injury:	02/13/2013
Decision Date:	08/19/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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 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:

Patient is a 49-year-old female with a 02/13/13 date of injury. While attempting to prevent a box from falling she reached out with her arm and heard a snap in her neck and felt pain shortly after. Consultation report dated 10/18/13 states that the patient complains of increasing pain in the neck after the epidural injection she received on 09/14/13. She continues to have neck pain, bilateral shoulder pain, worse on the left, radiating along the trapezial region into the left deltoid. Physical examination reveals positive Spurling's sign bilaterally. 4/5 strength in the bilateral deltoids 4/5 in the left biceps, left triceps. Slightly decreased range of motion to lateral bending rotation flexion and extension. Lateral rotation 30 degrees in each direction, extension 20 degrees, flexion 30 degrees. Magnetic resonance imaging (MRI) of the cervical spine revealed small central disk bulges at C3-4 and C4-5. Most recent progress reports dated 02/18/14, 01/28/14, 12/17/13 state no improvement of pain symptoms. Diagnosis are cervical radiculopathy, left shoulder impingement syndrome, bilateral moderate carpal tunnel syndrome. Patient has undergone acupuncture, chiropractic care, and unrecalled amount of physical therapy sessions. 11/12/13 progress report states Physical therapy and acupuncture have been done. She recently returned to work and her pain has returned with bigger intensity. The patient did not have any improvement. The medications include Norco and Neurontin. Request is for physical therapy three times four for neck and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3X4 for neck and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM pain suffering and the restoration of function pg 114 Official Disability Guidelines shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Official Disability Guidelines (ODG) Neck Chapter; Physical Therapy Guidelines: Brachia neuritis or radiculitis NOS (ICD9 723.4): 12 visits over 10 weeks; ODG Shoulder Chapter, Physical Therapy Guidelines: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Based on the fact that the 11/12/13 progress report states lack of improvement from physical therapy, the fact that there is no documentation that shows objective functional gains, goals set, and number of sessions attended. The previous adverse determination dated 03/26/14 makes a reference to a physical therapy note from 04/08/13 indicating that the patient was slowly improving. This determination report also states that treatment to date included physical therapy times 16, acupuncture times 6, chiropractic times 6. The attached medical documentation, however, does not include actual reports from these providers. Official Disability Guidelines (ODG) Physical Therapy Guidelines state the following: Brachia neuritis or radiculitis NOS (ICD9 723.4): 12 visits over 10 weeks; Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks. If the patient has in fact completed 16 physical therapy sessions, that would still be in excess of guideline recommendations. The request for this treatment is not medically necessary and appropriate.