

Case Number:	CM14-0053290		
Date Assigned:	07/07/2014	Date of Injury:	06/24/2009
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Preventative 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:

According to the records made available for review, this is a 48-year-old male with a 6/24/09 date of injury and status post artificial disc replacement C5- 6 on 1/18/13. As of 1/23/14 there was documentation of subjective chronic pain in the right shoulder, neck and low back with numbness. There was also objective documentation which included tenderness to palpation over the anterior right shoulder with positive impingement tests; positive straight leg raise on the right, positive right sciatic notch tenderness, and diminished reflexes of the right Achilles. Current diagnoses include pain in right shoulder, cervical spine stenosis, cervical disc displacement, cervical disc degeneration, radiculopathy, and right rotator cuff rupture. Treatment to date includes at least 11 physical therapy visits. In addition, a medical report identifies a request for 12 additional physical therapy visits to the cervical spine and right shoulder. There was no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPEUTIC EXERCISES: Upheld

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

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines, physical medicine, page 98 and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines “Support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise.” MTUS also identifies that, “any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services.” Official Disability Guidelines (ODG) recommend “a limited course of physical therapy for patients with a diagnosis of displacement of cervical intervertebral disc and rotator cuff syndrome not to exceed 10 visits over 8 weeks.” ODG also notes, “patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters.” There is documentation of diagnoses of pain in right shoulder, cervical spine stenosis, cervical disc displacement, cervical disc degeneration, radiculopathy, and right rotator cuff rupture. In addition, there is documentation of a request identifying 12 additional physical therapy visits to the cervical spine and right shoulder. Furthermore, there is documentation of previous physical therapy sessions completed to date. However, given documentation of at least 12 physical therapy sessions completed to date, which exceeds guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for therapeutic exercises is considered not medically necessary.