

Case Number:	CM14-0074709		
Date Assigned:	07/16/2014	Date of Injury:	05/18/2013
Decision Date:	09/09/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Management 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:

This is a patient with a date of injury of May 16, 2013. A utilization review determination dated May 14, 2014 recommends noncertification for 12 initial physical therapy sessions for the cervical spine. Noncertification was recommended due to notation that the patient has not had any success with prior physical therapy. A progress report dated July 29, 2014 identifies subjective complaints of right shoulder pain with neck pain and right arm pain. Objective examination findings revealed decreased range of motion in the neck, increased pain with range of motion of the shoulders, and tenderness to palpation in the forearms. Diagnoses include right shoulder rotator cuff tear, cervical spine strain with degenerative disc disease, and others. The treatment plan recommends pain management consultation and physical therapy for the cervical and lumbar spine 2 times a week for 6 weeks. An orthopedic consultation dated March 4, 2014 indicates that the patient "stop physical therapy as it was not helping and making her condition worse."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 INTIAL PHYSICAL THERAPY VISITS 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 Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/NECK AND UPPER BACK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127 Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear whether the patient has undergone physical therapy for this body part previously. Guidelines recommend an initial trial of 6 clinical visits to identify whether physical therapy provides any objective functional improvement. The currently requested 12 sessions exceeds the number recommended by guidelines for the initial trial. If the patient has undergone physical therapy for this body part previously, there is no documentation of objective functional improvement from the therapy already provide. Unfortunately, there is no provision to modify the current request. As such, the current request for physical therapy for the cervical spine #12 is not medically necessary.