

Case Number:	CM14-0076102		
Date Assigned:	09/05/2014	Date of Injury:	12/02/2009
Decision Date:	10/20/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational 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:

There were 23 pages provided for this review. The application for independent medical review was signed on May 23, 2014. It was for physical therapy two times a week for six weeks for the cervical spine. Per the records provided, the patient was born April 7, 1971. The injury was back in the year 2009, now five years ago. There was neck, back and left shoulder pain. The quality of sleep was poor. This was as of April 15, 2014. On examination of the neck, the range of motion was restricted with lateral rotation to the left limited to 25 and lateral rotation limited to 10. It was limited by pain with normal flexion and extension. On examination of the paravertebral muscles, there was hypertonicity and a trigger point was noted on both sides. The Spurling maneuver produced no pain in the neck musculature or radicular symptoms in the arms. Straight leg raise was positive on both sides and with sitting at 10. On examination of the left shoulder, there was swelling. Movement was restricted with flexion limited to 80 with normal extension. Neer's test was positive. The shoulder crossover test was also positive. The speed test was positive. There was tenderness noted in the acromioclavicular joint. The patient was in a motor vehicle accident. He was struck on the driver side of the truck injuring the neck, left shoulder and lower extremities. He takes Lidoderm patches, Voltaren gel, hydrocodone and acetaminophen. There were no surgeries pertaining to the cervical spine. There is mention of 25 sessions of physical therapy to the left shoulder and 12 to the low back. The patient stated that it increased pain somewhat but improves range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): Page 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 04/14/14)

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

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. Such as, Physical Therapy 2xWk x 6Wks, Cervical Spine is not medically necessary.