

Case Number:	CM14-0086702		
Date Assigned:	07/25/2014	Date of Injury:	02/17/2014
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Rehabilitation, 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 48 year-old patient sustained an injury on 2/17/14 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2 times a week for 6 weeks, cervical and shoulder. Diagnoses include cervical sprain/strain; shoulder/upper arm sprain/strain. Medications list Mentherm gel, Naproxen, Prilosec, Zofran, Norco, and Tramadol. Initial evaluating on 2/17/14 noted mild diffuse cervical tenderness; normal range in all extremities; normal gait; normal sensation and motor strength with normal mood/affect. CT scan of brain was negative; CT scan of cervical spine showed no acute process; and X-rays of lumbar spine showed no abnormality. Diagnoses included head injury; cervical strain; lumbar strain; and s/p mechanical fall with plan for medications. Report from the provider on 4/2/14 noted patient with ongoing complaints of neck and shoulder pain. Exam showed tenderness, decreased cervical range; no neurological deficits in sensory or motor findings. The patient has received physical therapy (6 sessions), medications, and modified activities/rest. The request(s) for Physical therapy 2 times a week for 6 weeks, cervical and shoulder was non-certified on 5/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, cervical and shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This 48 year-old patient sustained an injury on 2/17/14 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2 times a week for 6 weeks, cervical and shoulder. Diagnoses include cervical sprain/strain; shoulder/upper arm sprain/strain. Medications list Menthoderm gel, Naproxen, Prilosec, Zofran, Norco, and Tramadol. Initial evaluating on 2/17/14 noted mild diffuse cervical tenderness; normal range in all extremities; normal gait; normal sensation and motor strength with normal mood/affect. CT scan of brain was negative; CT scan of cervical spine showed no acute process; and X-rays of lumbar spine showed no abnormality. Diagnoses included head injury; cervical strain; lumbar strain; and s/p mechanical fall with plan for medications. Report from the provider on 4/2/14 noted patient with ongoing complaints of neck and shoulder pain. Exam showed tenderness, decreased cervical range; no neurological deficits in sensory or motor findings. The patient has received physical therapy (6 sessions), medications, and modified activities/rest. The request(s) for Physical therapy 2 times a week for 6 weeks, cervical and shoulder was non-certified on 5/8/14. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints and unremarkable clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Physical therapy 2 times a week for 6 weeks, cervical and shoulder is not medically necessary and appropriate.