

Case Number:	CM14-0177036		
Date Assigned:	10/30/2014	Date of Injury:	09/29/2011
Decision Date:	01/05/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The injured worker is a 57-year-old male who reported an injury on 09/29/2011 due to a fall. Diagnoses are noted to include cervical myospasms, cervical sprain/strain, status post surgery of the thoracic spine, thoracic disc protrusion and thoracic myospasm, thoracic sprain/strain, lumbar disc protrusion, lumbar radiculopathy, lumbar sprain/strain, left shoulder impingement syndrome, left shoulder internal derangement, left shoulder pain, status post surgery left shoulder, right carpal tunnel syndrome, right De Quervain's disease, right wrist pain, right wrist strain/sprain, status post surgery right wrist, anxiety, depression, irritability and nervousness. His past treatments were noted to include Work Hardening Program, Physical therapy, medications, ice, heat, casting, splinting, Toradol injections, cervical Epidural Steroid Injections and medial branch blocks. His diagnostic studies were noted to include EMG/NCS, MRIs of the right wrist, x-rays of the wrists, cervical spine, left shoulder and a CT of the right wrist. The injured worker's surgical history included right wrist surgery on 04/2012 and left shoulder rotator cuff repair. The physical exam note dated 06/16/2014, showed the injured worker complained of constant, moderate, dull, achy, sharp pain to the neck, thoracic spine, low back, left shoulder and right wrist. The injured worker had decreased range of motion to the cervical spine, thoracic spine, lumbar spine, and left shoulder with pain. Upon physical exam of the lumbar spine it was noted flexion was 50/60 degrees, extension was 20/25 degrees, left lateral bending was 25/25 degrees, and right lateral bending was 25/25 degrees. Medications were noted to include Hydrocodone 10/325 and Ibuprofen 800 mg and omeprazole 20 mg. The treatment plan was noted to include recommendations including continuation of medications, a home exercise program, Physical Therapy, a CT scan of the left shoulder, and MRI of the right wrist, nerve test results and a psych consult. The physician's rationale for the requested service of Physical

Therapy 2 times 4 for the neck, thoracic, low back and left shoulder, was to increase range of motion, increase activities of daily living and decrease pain. The Request for Authorization was not included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for neck thoracic low back and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 43, 49 and 83, 92.

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

Decision rationale: The request for Physical Therapy 2x4 for neck thoracic low back and left shoulder is not medically necessary. The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task or exercise. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 physical Therapy visits over 4-8 weeks. The injured worker complained of pain to the cervical spine, thoracic spine, lumbar spine, and left shoulder. The injured worker had decreased range of motion to the cervical spine, thoracic spine, lumbar spine, and left shoulder. It was noted in the documentation submitted for review that the injured worker previously attended Physical Therapy and a Work Hardening Program. However, it is unclear as to how many sessions of Physical Therapy the injured worker completed and there is a lack of documentation demonstrating whether the injured worker has significant objective functional improvement with the prior Physical Therapy. The requesting physician did not provide a recent, complete, assessment which demonstrated quantifiable functional deficits to the cervical spine, lumbar spine, thoracic spine, and left shoulder in order to demonstrate the need for Physical Therapy. As such, the request for Physical Therapy is not medically necessary.