

Case Number:	CM14-0177236		
Date Assigned:	10/30/2014	Date of Injury:	05/31/2002
Decision Date:	01/06/2015	UR Denial Date:	10/21/2014
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 Orthopedic Surgery, 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 5/31/02 date of injury, and C5-C6 anterior cervical discectomy and fusion on 5/12/14. At the time (10/20/14) of the Decision for Associated Surgical Service: Physical therapy eight (8) sessions to the left shoulder, there is documentation of subjective (neck pain and left shoulder pain) and objective (tenderness to palpation over the cervical spine, limited range of motion of the cervical spine and left shoulder, and positive impingement sign in the left shoulder) findings, current diagnoses (status post anterior cervical discectomy, cervicalgia, and cervical disc displacement), and treatment to date (4 shoulder physical therapy treatments and medications). There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters 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 as a result of previous physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Physical therapy eight (8) sessions to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Shoulder, Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy (PT) 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-Definitions 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. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprained shoulder; rotator cuff 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. Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy, cervicgia, and cervical disc displacement. In addition, there is documentation of a C5-C6 anterior cervical discectomy and fusion on 5/12/14 and 4 previous physical therapy treatments completed to date. However, given that the requested 8 sessions of physical therapy treatments, in addition to the treatments already completed, would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, given documentation of previous physical therapy treatments, 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 as a result of previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request Associated Surgical Service: Physical therapy eight (8) sessions to the left shoulder is not medically necessary.