

Case Number:	CM14-0191712		
Date Assigned:	11/25/2014	Date of Injury:	04/13/1993
Decision Date:	01/15/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal 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:

The injured worker (IW) is a 56-year-old woman with a date of injury of April 13, 1993. The mechanism of injury was not documented in the medical record. The IW is status post discectomy and fusion in 1994. Pursuant to the progress report dated October 16, 2014, the IW complains of neck pain that is described as heavy pressure. The neck pain radiated to the bilateral upper extremities. She describes left shoulder pain radiating into the neck and fingers, associated with numbness. Physical examination revealed well-healed anterior surgical scars, full range of motion without pain but positive Spurling's test for the left upper extremity complaints. The right shoulder exam revealed restricted range of motion. There was positive AC tenderness and positive Neer's and Hawkins tests. According to the UR, the IW has had 24 sessions of physical therapy certified since July 2014. The IW has been diagnosed with cervical disc displacement; degeneration of cervical intervertebral disc; cervical radiculitis; postlaminectomy syndrome of the cervical region; fibromyalgia; and headache. Current medications include Prilosec 320mg, Lyrica 75mg, Fentanyl patch 75mcg, Neurontin 600mg, Valium 2mg, Cyclobenzaprine 7.5mg, Maxalt 10mg, Colace 100mg, and Zofran 4mg. The provider is recommending 12 additional physical therapy sessions to the shoulder and refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, 12 additional physical therapy sessions are not medically necessary. 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 negative direction (prior to continuing with physical therapy. The guidelines provide the frequency and duration for physical therapy. The guidelines recommend 10 visits over eight weeks for impingement syndrome. In this case, page 56 of the medical record indicates the injured worker is receiving physical therapy for the shoulder; however, it is unclear whether other regional body parts are being treated. The record indicates the injured worker received 24 physical therapy sessions to date. There is no clinical documentation of objective functional improvement. Additional physical therapy is not clinically indicated based on lack of documentation. Additionally, the injured worker received 24 physical therapy sessions that are clearly in excess of the recommended guidelines. Consequently, absent the appropriate clinical documentation to support ongoing physical therapy the request for 12 additional physical therapy sessions is not medically necessary.