

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0192344 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 01/12/2012 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 10/31/2014 |
| 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 Family 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:

This is a 62 years female patient who sustained an injury on 1/12/2012. She sustained the injury due to being involved in a motor vehicle accident. The current diagnoses include chronic axial cervical spinal pain, thoracic pain and lumbosacral spinal pain. Per the doctor's note dated 10/21/14, she had complaints of neck pain with radiation to the arms and fingers with numbness, dizziness, back pain with radiation to the right and left leg and soft tissue pain. The physical examination revealed 5/5 strength in all groups, cervical spine- pain to palpation over the C2 to C3, C3 to C4 and C5 to C6 facet capsules, secondary myofascial pain with triggering and ropey fibrotic banding, pain with rotational extension indicative of facet capsular tears bilateral, positive maximal foraminal compression testing bilateral and no pain with valsalva; thoracic spine- pain with valsalva, pain to palpation over the T5 to T6 and T7 to T8 spinous processes, pain with extension possibly indicative of discogenic thoracic pain, restricted respiratory effort due to pain with effort and secondary myofascial pain with triggering. The medications list includes advair inhaler, aspirin, Cymbalta, HCTZ, Metaprolol, Nitroglycerine, Norco, Oxcarbazepine, Proair and Vytorin. She has had MRI on the right shoulder dated 5/16/14 which revealed edema pattern at the musculotendinous junction of the supraspinatus tendon most consistent with partial tear; cervical and thoracic MRI dated 2/3/2012 which revealed degenerative disc and facet changes; MRI of the lumbosacral spine which revealed spondylosis causing no significant spinal stenosis. She had undergone left hip total hip replacement. She has been certified for 6 physical therapy visits in 6/14 and recently certified for 6 psychotherapy visits and 20 cognitive behavior therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. A specific number of physical therapy visits since date of injury is not specified in the records provided. She has been certified for 6 physical therapy visits in 6/14. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity for physical therapy right shoulder is not established for this patient at this time.