

Case Number:	CM14-0197663		
Date Assigned:	12/02/2014	Date of Injury:	08/04/2008
Decision Date:	01/23/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/24/2014

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 Interventional Spine 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 patient is a 41 year old female with an injury date on 8/4/08. The patient complains of ongoing cervical pain/stiffness, mid-back and low-back pain, with pain radiating along the upper extremities and lower extremities with pins and needles per 9/16/14 report. The patient continues to follow an internist, regarding her hypertension, GERD, insomnia, diarrhea, constipation, nausea and vomiting per 8/4/14 report. The patient has improved bloating (with meds) but has no change in abdominal pain, acid reflux, and sleep quality per 7/7/14 report. Based on the 9/16/14 progress report provided by the treating physician, the diagnoses are: 1. displacement of cervical intervertebral disc without myelopathy, 2. cervical radiculitis, 3. right shoulder rotator cuff syndrome (disorders of bursae and tendons in shoulder region, unspecified), 4. right shoulder impingement, 5. carpal tunnel syndrome, right, 6. displacement of lumbar intervertebral disc without myelopathy, 7. low back syndrome (lumbago), 8. piriformis syndrome, 9. anxiety, unspecified, referred to specialist, 10. gastroesophageal reflux, referred to specialist, A physical exam on 9/16/14 showed "C-spine range of motion is mildly limited with extension reduced 10 degrees. L-spine range of motion is limited with flexion reduced 15 degrees, reduced 10 degrees in all other planes." The patient's treatment history includes medications, surgeries (right carpal tunnel release May 2012, right shoulder arthroscopy June 2013), X-ray L-spine. The treating physician is requesting six sessions of physical therapy for right shoulder and cervical spine (2x for 3 weeks). The utilization review determination being challenged is dated 10/23/14 and modifies request to 2 times a week for 3 weeks for the lumbar, as physical therapy cervical/right shoulder is not certified as there are no specific exam findings for cervical/right shoulder. The requesting physician provided treatment reports from 6/5/14 to 9/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of Physical Therapy for right shoulder and cervical spine (2x for 3 weeks):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder; Neck and Upper back; Low Back

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

Decision rationale: This patient presents with neck pain, back pain, pain in upper extremities, and pain in lower extremities. The treater has asked for SIX SESSIONS OF PHYSICAL THERAPY FOR RIGHT SHOULDER AND CERVICAL SPINE (2X FOR 3 WEEKS) on 9/16/14. Review of the reports do not show any evidence of physical therapy being done in the recent past. The patient has "failed conservative measures including physical therapy" in 6/5/14 report, but there is no documentation of any dates or number of sessions in the reports dated 6/5/14 to 9/16/14. The patient MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has failed conservative measures including physical therapy, and is s/p surgeries for the wrist/shoulder. There is no record of recent therapy and a short course of treatment but the treater states on 6/5/14 that the patient failed physical therapy. There is no discussion as to why additional therapy is being asked for, what functional decline or flare-up the patient is going through and why the patient is not able to manage with home exercises. The treater does not mention what is to be accomplished with additional therapy. The request IS NOT medically necessary.