

Case Number:	CM14-0199253		
Date Assigned:	12/09/2014	Date of Injury:	12/17/2013
Decision Date:	01/28/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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, has a subspecialty in Nephrology 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 45-year-old male with a 12/17/13 date of injury. The injury occurred when he was hit by a golf cart that was driven by a co-worker. According to a progress report dated 11/4/14, the patient complained of cervical pain with right upper extremity symptoms and low back pain, rated as an 8/10. He also complained of right shoulder pain. The requesting provider noted that no additional physical therapy for the right shoulder or cervical spine was recommended at this time. Objective findings: tenderness of the paraspinal musculature with spasm, limited cervical range of motion, diminished sensation right C5 and C6 dermatomal distribution, limited range of motion of right shoulder, lumbar examination demonstrated tenderness and paraspinal spasm, limited lumbar range of motion. Diagnostic impression: cervical sprain/strain, cervical radiculopathy, lumbar sprain/strain, partial rotator cuff tear/tendinosis of right shoulder, right shoulder subacromial bursitis and impingement, CRPS right upper extremity, mild bilateral carpal tunnel syndrome, double crush syndrome, cervical HNP with radiculopathy. Treatment to date: medication management, activity modification, physical therapy, chiropractic treatment. A UR decision dated 10/27/14 denied the request for PT 2x6 right shoulder and cervical spine and chiropractic treatment 3x4 cervical spine. The claimant is over 10 months status post injury and has previously received 18 sessions of chiropractic care and 12 sessions of physical therapy. The AME report did not make recommendations for additional physical therapy or chiropractic care. Given the claimant's previous attempts at supervised therapy, he should do just as well with a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times 6 for the right shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, this patient has already received physical therapy treatment. According to the UR decision dated 10/27/14, he has completed 12 physical therapy sessions. Guidelines support up to 10 visits over 8 weeks for neck sprains/strains and shoulder sprains. The patient has already received the number of physical therapy sessions recommended by guidelines. In addition, there is no documentation of difficulties transitioning this patient to an independent home exercise program. Furthermore, the requesting provider noted that no additional physical therapy for the right shoulder or cervical spine was recommended at this time. It is unclear why this request for additional physical therapy is currently being made. Therefore, the request for Physical Therapy 2 times 6 for the right shoulder and cervical spine is not medically necessary.

Chiropractic Treatment 3 times 4 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter-Manipulation

Decision rationale: CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. However, according to the UR decision dated 10/27/14, this patient has already received 18 sessions of chiropractic treatment. An additional 12 sessions would exceed guideline recommendations. In addition, there is no documentation of functional improvement from previous treatment. Therefore, the request for Chiropractic Treatment 3 times 4 for the cervical spine is not medically necessary.

