

Case Number:	CM14-0206484		
Date Assigned:	12/18/2014	Date of Injury:	05/30/2011
Decision Date:	02/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 47 year old female with the injury date of 05/30/11. Per physician's report 11/07/14, the patient has neck pain, radiating down her right shoulder and right arm. The patient also experiences depression and has seen psychiatrist [REDACTED]. The MRI of the cervical spine in 2013 shows 1) facet arthropathy 2) a small central left paracentral C5-6 disc protrusion abutting the cord to the left side of midline but without indenting the cord 3) diffuse disc bulging at C3-4 and C4-5. QME's report in September 2013 recommended that the cervical spine should be treated as well as the right shoulder and her depression. The patient is taking Gabapentin, Norco and Cymbalta. The patient is currently working with modified duties. The lists of diagnoses are: 1) Cervicalgia 2) Right shoulder bursal surface rotator cuff tear 3) Right shoulder pain. The provider requested physical therapy because "the patient states that she experienced considerable symptomatic relief from the previous therapy." Per 10/27/14 progress report, the patient continues to experience ongoing problems with chronic right-sided neck pain, right upper extremity radiculopathy, occasional left upper extremity radiculopathy that radiates all the way into the hands. She continues to be troubled by depression. The utilization review letter 12/01/14 indicates that the patient has had 36 sessions of physical therapy for the right shoulder, 4 sessions of physical therapy for the cervical spine and a cervical stellate ganglion block in the past. The Utilization review 12/01/14 modified to 6 sessions of physical therapy. Treatment reports were provided from 06/20/14 to 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 sessions of Physical Therapy for neck: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his neck, shoulder and upper extremities bilaterally. The patient is s/p right shoulder arthroscopy 05/21/12. The patient has had 36 sessions of physical therapy for the right shoulder and 4 sessions of physical therapy for the spine, following the right shoulder surgery in the past. The request is for additional 12 sessions of Physical Therapy for the neck. The current request of physical therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The utilization review letter 12/01/14 indicates that the patient has had a total of 40 sessions of physical therapy in the past. The physical therapy reports show the patient attended the therapy on 08/19/14, 08/22/14 and 08/27/14, without documenting any functional improvement. It would appear that the patient has had adequate therapy recently. The provider does not explain why more therapy is needed except "the patient states she experienced considerable symptomatic relief from the previous therapy." The provider does not discuss why the patient is unable to transition into a home program. The current request for 12 combined 40 already received would exceed what is recommended per MTUS guidelines. Furthermore, the utilization review 12/01/14 partially certified of 6 sessions of therapy. The request of 12 sessions of physical therapy at this time is not medically necessary.