

Case Number:	CM14-0026116		
Date Assigned:	06/13/2014	Date of Injury:	12/27/2003
Decision Date:	01/29/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 53 year old patient with date of injury of 12/27/2003. Medical records indicate the patient is undergoing treatment for s/p C6-C7 fusion, disc replacement with residual neck pain, left frozen shoulder and low back pain with radiculopathy. Subjective complaints include chronic low back and neck pain, numbness and tingling in arms, numbness and pain in both legs, right greater than left and shoulder pain. Pain is rated 6.5-7/10. Objective findings include left shoulder range of motion (ROM) - abduction and forward flexion 105 degrees; extension and adduction 45; left acromioclavicular joint tender to palpation and a positive cross arm test. A lumbar MRI dated 07/31/2013 revealed prominent disc disease and endplate degenerative changes at L5-S1; mild disc bulges at L4-L5 and L5-S1 and severe facet arthropathy at L4-L5. A cervical spine MRI dated 11/12/2011 revealed mild multilevel degenerative disc disease. The worst level is C6-C7 where a left paracentral disc osteophyte complex impresses itself on the ventral aspect of the cord. Treatment has consisted of cervical injections, spinal fusion, bone growth stimulator, physical therapy, home exercise program, Norco, Naproxen, Gabapentin, Zaleplon, Synthroid, Sonata, Ketamine, Capsaicin, Etodolac and Oxymorphone. The utilization review determination was rendered on 02/12/2014 recommending non-certification of PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS, IN TREATMENT OF THE CERVICAL SPINE AND ROTATOR CUFF QTY: 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two Times A Week For Six Weeks, In Treatment Of The Cervical Spine And Rotator Cuff Qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The medical documentation provided indicates that this patient has attended at least 10 physical therapy sessions. However, there is no indication of the patient's outcome from these sessions. The treating physician does not detail extenuating circumstances that would warrant an exception to the guidelines. As such, the request for PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS, IN TREATMENT OF THE CERVICAL SPINE AND ROTATOR CUFF QTY: 12 is not medically necessary.