

Case Number:	CM14-0028752		
Date Assigned:	06/16/2014	Date of Injury:	08/24/2010
Decision Date:	01/07/2015	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 Fellowship Trained in Hematology Oncology and is licensed to practice in New York, New Jersey and Massachusetts. 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 injured worker is 52-year-old female who reported an injury on 08/24/2010. The mechanism of injury was not provided. Her diagnoses were noted as anxiety disorder and depressive disorder. Her past treatments were noted to include physical therapy, medications, a home exercise program, rest, heat, a TENS unit, and a psychotherapy evaluation. Diagnostic studies and surgical history were not provided. During the assessment on 03/31/2014, the injured worker complained of neck and shoulder pain. The pain was located in the superior half of the right paracervical musculature. She described the pain as aching, stabbing, burning, throbbing, and tightness with radiation to the right intrascapular area and into the right upper extremity to the 3 radial digits. She rated the pain a 5/10 at least and an 8/10 at its worst. She stated that the pain was aggravated by prolonged positioning of the cervical spine with downward/upward gazing; by repetitive motion; by doing table, desk, counter, or driving type activities; by repetitive movement; by doing fine motor activities such as driving long distances and writing; and was unable to use a computer due to the aggravation that the keying caused. The physical examination reveal the cervical spine was in a slightly forward extended posture. There was tenderness in the right paravertebral musculature extending from the CT joint to the cervical occipital junction on the right with slight tenderness on the left. Her range of motion reveal forward flexion of 20 degrees, extension of 40 degrees, rotation of 60/50, and lateral bending of 40/20 degrees. Her extension and rotation to the left caused a pulling in the right paravertebral musculature. The physical examination of the right shoulder reveal moderate tenderness at the bicipital groove and lateral supraspinatus fossa and lateral acromion. Her active range of motion revealed abduction of 130 degrees, anterior flexion of 140 degrees, extension of 40 degrees, external rotation of 50 degrees, and adduction of 20 degrees. Abduction

in external rotation was achieved to 90/70 degrees. There was a positive carpal Tinel's testing into the 3 radial digits. Her medication list at that time was noted to include Abilify 2 mg 1 tablet twice daily, Duragesic 50 mcg 3 times daily, Flexeril 7.5 mg, gabapentin 300 mg, oxycodone 15 mg 4 times daily, Wellbutrin 150 mg, lorazepam 0.5 mg 1 tablet 3 times daily, and Xanax 1 mg 1 tablet twice daily. The treatment plan was to continue physical therapy and medication. The rationale for physical therapy was to maintain and advance her exercise and postural programs. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Cervical two times per week for four weeks: 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 Medicine, Page(s): 98-99.

Decision rationale: During the assessment on 03/31/2014, the injured worker complained of neck and right shoulder pain, which was aggravated by prolonged positioning of the cervical spine with downward or upward gazing, repetitive rotation, doing table, desk, counter, or driving type activities, repetitive movements, fine motor activities such as long distances and writing, and unable to use the computer due to the aggravation that the keying caused. It was noted that the pain radiated into the right interscapular area and into the right upper extremity to the 3 radial digits. The California MTUS Guidelines recommend up to 10 physical therapy visits over 4 weeks for neurologic, neuritis, and radiculitis, unspecified. There was a lack of adequate information regarding whether or not the injured worker had benefitted from the past physical therapy visits or if there were any functional improvements made. Additionally, the number of completed physical therapy visits was not provided, making it difficult to determine if the request exceeds the guideline recommendations. Given the above, the request for Physical Therapy to the Cervical 2 times per week for 4 weeks is not medically necessary.