

Case Number:	CM14-0217137		
Date Assigned:	01/07/2015	Date of Injury:	11/26/2002
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 a 62 year-old female, who was injured on November 26, 2002, while performing regular work duties. The injured worker has continued complaint of neck and right shoulder pain. The injured worker worked as a packer/sorter. The mechanism of injury is due to a conveyor belt getting stuck and the injured worker striking it with her right hand. This resulted in pain of the right hand, right shoulder, neck and mid-back. The records indicate the injured worker has received treatment including massage, medications, chiropractic treatment, and physical therapy. A daily note from physical therapy on February 18, 2014, indicates this was visit number 8, and the injured worker had no change in pain from the initial evaluation on January 16, 2014. An evaluation on September 17, 2014, indicates a magnetic resonance imaging of the cervical spine was completed on August 29, 2014, and reveals disc dessication without significant central or foraminal narrowing; and a nerve conduction study completed on September 17, 2014 shows mild neck nerve dysfunction. The physical findings on this date reveal tenderness in the neck and trapezius regions with evidence of muscle spasm in the neck. A lab report for November 28, 2014, has been provided for this review. An evaluation on December 10, 2014, indicates the injured worker has difficult with "day to day activities due to neck pain". The request for authorization is for eight (8) physical therapy sessions. The primary diagnosis is shoulder region disease. Related diagnoses are right shoulder impingement, status post cervical anterior decompression and fusion, and cervical degenerative disc disease. On December 11, 2014, Utilization Review non-certified the request for eight (8) physical therapy sessions, based on Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 8 physical therapy sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder, Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The employee has already undergone 8 sessions of physical therapy, with no documentation of objective functional improvement or further goals with additional treatment. Therefore, the request for 8 additional sessions of physical therapy is not medically necessary.