

Case Number:	CM14-0069485		
Date Assigned:	07/14/2014	Date of Injury:	03/29/2012
Decision Date:	09/23/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial-work injury on 3-29-12. He reported an initial complaint of neck, right shoulder, and lumbar spine pain. The injured worker was diagnosed as having sprain-strain of shoulder and upper arm, impingement syndrome, medial epicondylitis of right elbow and degenerative changes of cervical spine. Treatment to date includes medication, surgery (shoulder arthroscopy in 2-2013), and one physical therapy session. Currently, the injured worker complained of pain in the cervical spine described as sharp, achy, burning, and throbbing in nature. There was also pain in the right shoulder described as sharp, stabbing, and burning. The lumbar spine pain was described as sharp, stabbing, and burning in nature. Pain was rated 7 out of 10. Per the primary physician's report (PR-2) on 1-23-15, exam noted range of motion to the left shoulder changed from 164 degrees to 165. Muscle strength was 5 out of 5 and sensation was normal. The cervical spine had painful range of motion, pain with flexion of right shoulder and lumbar spine. Current plan of care included therapy and medication. The requested treatments include (8) additional physical therapy to cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional physical therapy to cervical spine, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive PT sessions without extenuating circumstances established beyond the guidelines. The 8 additional physical therapy visits for cervical spine, 2 times a week for 4 weeks, is not medically necessary or appropriate.