MAXIMUS Federal Services

Case Number:	CM15-0000591		
Date Assigned:	01/12/2015	Date of Injury:	09/21/2010
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 56 year old female with a date of injury as 09/21/2010. The cause of the injury was related to repetitive motion. The current diagnoses include cervical discopathy with left upper extremity radiculopathy. Previous treatments include medications, physical therapy, cervical epidural steroid injection, acupuncture, shoulder surgery, left lateral epicondyle release and left carpal tunnel release, and left ulnar nerve transposition. Primary treating physician's reports dated 11/13/2014 and 12/18/2014 were included in the documentation submitted for review. Objective findings dated 12/18/2014 include tenderness in the cervical spine bilaterally with increased muscle rigidity, numerous trigger points are palpable and tender throughout, decreased range of motion with muscle guarding, positive left Spurling's sign, positive foraminal compression causing radicular pain to the left medial scapular region and arms. Decreased range of motion in the cervical spine and decreased strength and sensation on the left upper extremity. Shoulder examination revealed tenderness to palpation and decreased range of motion. The physician noted that the injured worker presented with classical radicular symptoms to her left upper extremity which was corroborated by an MRI of the cervical spine. The physician documented that the injured worker still has complaints of pain emanating from the left side of her neck through the medial scapular region and down her arm to her fingers. The amount of the previously prescribed physical therapy was 48 sessions, but no physical therapy reports were submitted from the previous sessions. The injured worker is working part time. The utilization review performed on 12/16/2014 modified a prescription for physical therapy 2 x 6 for the cervical spine, bilateral shoulder, and left upper extremity based on the request exceeds the

guideline recommendation. The utilization reviewer noted that the injured worker had new residual deficits that justify medical necessity, but due to the prior sessions in 2012 the request exceeds the amount recommended. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical Spine, bilateral shoulders and left upper extremity 4 sessions with HEP training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the cervical spine, bilateral shoulders and left upper extremity #4 sessions with home exercise program training is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical myoligamentous injury with left upper extremity radicular symptoms; arthroscopic surgery on the left shoulder on 11/16/12; status post carpal tunnel releases and left lateral and medial epicondylitis surgery on 7/21/11; and status post ulnar nerve surgery on 7/20/12. The medical record was 20-pages in its entirety.Subjectively, the injured worker has complaints of pain in the cervical spine, bilateral shoulders and left elbow. Objectively, there is tenderness to palpation over the posterior cervical spine with increased muscle rigidity. There are a number of trigger points. Range of motion is decreased examination of the shoulder showed tenderness palpation and decreased range of motion. The documentation medical record indicates the injured worker had prior physical therapy. The treating physician noted the injured worker had chronic myofascial pain in the posterior cervical musculature which medical management therapy such as ongoing stretching exercises, physical therapy, nonsteroidal anti-inflammatory's and all muscle relaxants failed to control. Prior physical therapy is not documented. Objective functional improvement as a result of prior physical therapy is not documented. The number of physical therapy sessions (physical therapy) is not documented. Consequently, absent compelling clinical documentation to support additional physical therapy with evidence of objective functional improvement (from prior physical therapy), physical therapy to the cervical spine, bilateral shoulders and left upper extremity #4 sessions with home exercise program training is not medically necessary.