

Case Number:	CM15-0006008		
Date Assigned:	01/20/2015	Date of Injury:	07/11/2014
Decision Date:	03/17/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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

Certification(s)/Specialty: Family Practice

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 57-year-old dental hygienist reported injuries to her right wrist, shoulder and neck as a result of cumulative trauma from her usual duties, date of injury 7/11/14. The diagnoses have included cervical radiculopathy, right shoulder tendinitis, right rotator cuff syndrome and right carpal tunnel syndrome. Treatment to date has included oral medications, steroid injections, of both shoulder and wrist, a right carpal tunnel release and physical therapy. The available records contain references to previous physical therapy for the shoulder and possibly for the neck. An 8/1/14 progress note states that the patient had "a partial response" to a right shoulder injection and PT. It is not clear how many PT sessions the patient attended, and what the partial response was. The records contain documentation of multiple PT visits for the right hand, wrist and elbow. A physician's report dated 10/27/14 documents no tenderness of the patient's neck or shoulder, with full range of motion and strength. Tests for shoulder impingement were negative. As of a report of 11/25/14, the injured worker reported increased numbness pain for grip strength. She was two weeks status post right carpal tunnel release and the treating physician noted some mild swelling in the wrist and fingers. No neck or shoulder complaints or objective findings were documented. The treating physician requested physical therapy 2x week for 6 weeks to right shoulder and physical therapy 2x week for 6 weeks to neck. No rationale for the PT request is documented. The patient's work status was off work for the next three weeks. On 12/30/14 Utilization Review non-certified a request for physical therapy 2x week for 6 weeks to right shoulder and physical therapy 2x week for 6 weeks to neck. The UR physician cited MTUS guidelines for active therapy. On 1/12/15, the injured worker submitted an application for

IMR for review of physical therapy 2x week for 6 weeks to right shoulder and physical therapy 2x week for 6 weeks to neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right shoulder 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement, page 9; and Physical Medicine, pages 98-99 Page(s): 9, 98-99.

Decision rationale: Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second reference states that passive therapy is for the early phase of treatment. Active therapy is recommended over passive care, with transition to home therapy. A maximum of 9-10 visits over 8 weeks is recommended for myalgia or myositis, and a maximum of 8-10 visits over 4 weeks is recommended for neuralgia, neuritis and radiculitis. The clinical records in this case do not support continuing physical therapy. This patient has already had some number of sessions of physical therapy for her shoulder, and presumably has been instructed in home exercise. No goals for functional improvement are documented by the provider. There is no documentation as to why this patient would be likely to receive further benefit from PT in addition to the visits she has already had, which would be particularly important given her documented normal neck and shoulder findings. Based on the evidence-based guidelines cited above and the clinical findings in this case, physical therapy sessions physical 2X6 weeks for the right shoulder are not medically necessary. They are not medically necessary because the patient has already completed some number of physical therapy sessions and there is no documentation of any functional goals that could be achieved by further formal therapy rather than by home exercise.

Physical therapy for the right neck 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Functional Improvement, page 9; and Physical Medicine, pages 98-99 Page(s): 9, 98-99.

Decision rationale: Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second reference states that passive therapy is for the early phase of treatment. Active therapy is recommended over passive care, with transition to home therapy. A maximum of 9-10 visits over 8 weeks is recommended for myalgia or myositis, and a maximum of 8-10 visits over 4 weeks is recommended for

neuralgia, neuritis and radiculitis. The clinical records in this case do not support continuing physical therapy. This patient has already had some number sessions of physical therapy, and presumably has been instructed in home exercise. No goals for functional improvement are documented by the provider. There is no documentation as to why this patient would be likely to receive further benefit from PT in addition to the visits she has already had, which would be particularly important given her documented normal neck and shoulder findings. Based on the evidence-based guidelines cited above and the clinical findings in this case, physical therapy sessions physical 2X6 weeks for the right neck are not medically necessary. They are not medically necessary because the patient has already completed some number of physical therapy sessions, and there is no documentation of any functional goals that could be achieved by further formal therapy rather than by home exercise.