

Case Number:	CM15-0006581		
Date Assigned:	02/11/2015	Date of Injury:	10/26/2011
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
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: New Jersey

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:

The injured worker is 55 year old female who sustained an industrial injury on 10/26/11 involving her neck. She currently is experiencing severe bilateral shoulder pain (felt to be the result of cumulative bending of the neck) with significant decrease in range of motion. Diagnoses are cervical radiculopathy; left shoulder impingement syndrome. No medication was identified by name. Treatments to date include anti-inflammatories, physical therapy and injections. There were no details regarding the success or failure of these treatments. Diagnostics include MRI of the left shoulder demonstrating left shoulder rotator cuff tear; MRI cervical spine demonstrating a C5-6 disc herniation; electromyography and nerve conduction study reveal C5-6 radiculopathy. The progress note dated 12/4/14 indicates the treating provider is requesting 12 visits of therapeutic exercise because of the MRI shoulder and cervical results noting that non-invasive therapies have not been successful in the past but that therapeutic exercise has not been offered. On 12/29/14 Utilization Review non-certified the request for Therapeutic Exercise, # 12 citing MTUS: 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:

Therapeutic Exercises, #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, although some therapeutic exercises/manual therapy may be indicated at least for a trial, the requested number of sessions is beyond the limit. A more reasonable request would have been up to 6 visits with a clearly documented benefit preceding any additional requests afterwards. Therefore the request for 12 therapeutic exercises will be considered medically unnecessary.