

Case Number:	CM15-0100134		
Date Assigned:	06/03/2015	Date of Injury:	03/13/2013
Decision Date:	07/01/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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 male with an industrial injury dated 3/13/2013. The injured worker's diagnoses include herniated nucleus pulposus at C3-C4, severe left foraminal stenosis C6-C7, bilateral upper extremity radiculopathy, right elbow sprain/strain, right shoulder rotator cuff tear and proximal tendon tear with subacromial impingement, spinal stenosis with herniated nucleus pulposus at L4-L5, posterior annular tear at L5-S1, improved left lower extremity radiculopathy, myoligamentous sprain/strain bilateral hips, headaches secondary to industrial injury, status post lumbar decompression and microdiscectomy at L4-L5 and L5-S1 on 7/2/2013, status post right shoulder decompression on 10/30/2014 with residuals, status post anterior cervical discectomy and fusion at C3-C4 and C4-C5. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/14/2015, the injured worker reported neck pain with right arm numbness, low back pain with radiation to the bilateral lower extremities with associated numbness and tingling. The injured worker also reported right shoulder pain, bilateral hip pain, bilateral wrist and hand pain. Objective findings revealed decrease hand grip strength with some wasting of the intrinsic hand muscles. The treating physician prescribed services for physical therapy 2-3 times a week for 6 weeks for the cervical spine and right thumb now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks for the cervical spine and right thumb:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section and Forearm, wrist and hand section; Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 to 3 times per week times six weeks cervical spine and right thumb 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant diagnoses include herniated nucleus pulposus C3-C4; severe left foraminal stenosis C6-C7; bilateral upper extremity radiculopathy; sprain strain right elbow; right rotator cuff tear and proximal tendon tear with subacromial impingement; spinal stenosis with HNP at L4-L5; posterior annular tear L5-S1; left lower extremity radiculopathy improved; myo-ligamentous sprain strain bilateral hips; status post lumbar decompression and microdiscectomy L4-L5 and L5-S1; status post right shoulder decompression; and status post anterior cervical discectomy and fusion C3-C4 and C4-C5. The date of injury is March 13, 2013. The cervical discectomy and fusion was performed March 18, 2015. The documentation shows the injured worker received 43 sessions of physical therapy/occupational therapy. There is a single physical therapy progress note in the medical record. Progress note does not state the physical therapy session number. There is no documentation in the medical record indicating objective functional improvement with ongoing physical therapy/occupational therapy. The injured worker is ambulatory with a rolling walker. After 43 physical therapy/occupational therapy sessions, the injured worker should be well-versed at the exercises performed during the physical therapy/occupational therapy sessions to engage in a home exercise program. There are no compelling clinical facts documented in the medical records indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement (after 43 physical therapy/occupational therapy visits) and compelling clinical facts indicating additional physical therapy is warranted (over and above the recommended guidelines), physical therapy 2 to 3 times per week times six weeks cervical spine and right thumb is not medically necessary.