

Case Number:	CM15-0100854		
Date Assigned:	06/03/2015	Date of Injury:	09/07/2012
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
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

Certification(s)/Specialty: Emergency 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 46 year old male who sustained an industrial injury on 09/07/2012. The injured worker was diagnosed with cervical spine stenosis at C4-5, C5-C6 and C6-C7 in the foramen, labral tear right shoulder and lumbar fusion. Treatment to date includes cervical spine magnetic resonance imaging (MRI) on March 26, 2015, lumbar spine surgery, post-operative physical therapy and medications. The injured worker is status post Stage I and II anterior and posterior L4-L5 and L5-S1 lumbar fusion on July 2014. According to the primary treating physician's progress report on April 2, 2015, the injured worker was markedly improved as far as his lower back and leg pain since surgery. The injured worker reports some left anterior groin pain and persistent right shoulder, trapezial and neck pain. Examination of the distal extremities noted normal motor, sensation and negative straight leg raise bilaterally. Examination of the neck demonstrated pain on palpation of the cervical paraspinal and trapezial muscles. The right shoulder noted limited range of motion especially with internal rotation with reproduction of pain. Positive impingement sign was noted. Current medications are listed as Percocet, Lyrica, Methocarbamol, Ambien and Meloxicam. Treatment plan consists of medication regimen and the current request for physical therapy for the right shoulder and cervical spine.

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 per week for 6 weeks for the right shoulder and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions of neck (Total number was not documented) was completed and had reported plateaued in improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation as to why home directed therapy and exercise is not sufficient. Maximum number of PT sessions as per guidelines is 10 session. This request in combination with prior unknown PT sessions would exceed guideline. This request for additional PT is not appropriate, the provider needs to determine how many total PT sessions is needed and not request such a variation of PT sessions. Documentation fails to support additional PT sessions. Additional 12-18 physical therapy sessions are not medically necessary.