

Case Number:	CM15-0101947		
Date Assigned:	06/04/2015	Date of Injury:	06/01/2002
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 66 year old female who sustained an industrial injury on 06/01/2002. She reported neck pain and pain in the thoracic spine, right shoulder, right arm, right hand and head. The injured worker was diagnosed as having ulnar nerve lesion (right); cervical degenerative disc disease, cervical disc herniation; cervical radiculitis; cervical sprain/strain, with regional myofascial pain of the neck and shoulder girdle. Treatment to date has included "many years" of treatments for her neck and shoulder girdle symptoms. Currently, the injured worker complains of persistent right neck and shoulder pain. Active range of motion of the cervical spine is decreased about 50% in all directions except forward flexion and extension, which are decreased about 30%. Motor strength is 5/5 and equal in the upper extremities and slight decrease in the 1st and small finger of the right hand. Diffuse myofascial trigger points are noted throughout the neck and shoulder girdle worse on the right than left. Palpation reproduces much of her pain in this area. According to the provider notes the injured worker's primary concern is persistent right neck and shoulder girdle myofascial trigger points that in the provider's opinion require appropriate physical therapy and possibly a trial of trigger point injections. According to provider notes, she received treatment for many years for her neck and shoulder girdle symptoms but was eventually discharged when it was felt the treatments were no longer working. The plan of care is to request authorization for physical therapy 2-x week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already had, making it impossible to determine if the patient has already had the maximum number recommended by guidelines for their diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.