

Case Number:	CM15-0102868		
Date Assigned:	06/05/2015	Date of Injury:	08/04/2014
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This is a 32-year-old female with an August 4, 2014 date of injury. A progress note dated March 27, 2015 documents subjective findings (constant pain in the neck and upper back; radiation of pain into the upper extremities with numbness and tingling; associated headaches that are migrainous in nature; tension between the shoulder blades; pain rated at a level of 8/10; frequent pain in the left shoulder and arm rated at a level of 6/10), objective findings (palpable cervical paravertebral muscle tenderness with spasm; positive Spurling's maneuver; reproducible pain in the left hand; positive axial loading compression test; range of motion limited with pain; dysesthesia at C6-C7 dermatome with tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger; decreased strength of the wrist extensors and flexors as well as biceps, triceps and finger extensors; pain and tenderness in the posterolateral region of the left shoulder extending to the levator scapula; reproducible symptomatology with internal rotation and forward flexion), and current diagnoses (cervical/thoracic discopathy; cervicgia). Treatments to date have included left shoulder injection (helped symptomatology for a week), medications, and magnetic resonance imaging of the cervical spine (April 2, 2015; showed normal findings). The treating physician documented a plan of care that included physical therapy for the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice (2) a week for six (6) weeks for the cervical spine and left shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical documentation is unclear if this patient has had previous physical therapy. It is noted that physician notes from 12/2014 note that the physician was requesting therapy at that time; however, there is no documentation of the outcome of that therapy. The request for therapy 2 X week for 6 weeks is in excess of the recommended six-visit clinical trial guideline and is in excess of chronic injury therapy guidelines as well. As such, the request for Physical Therapy for the cervical spine and left shoulder is not medically necessary.