

Case Number:	CM15-0108803		
Date Assigned:	06/18/2015	Date of Injury:	08/25/2011
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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 is a 48 year old female who sustained an industrial injury on 8/25/11 involving a lifting incident resulting in neck, midback, wrist, hand, bilateral shoulder pain and severe upper and lower back pain. She was placed on disability and referred for chiropractic treatments. She currently complains of continued neck and right shoulder pain with a pain level of 4.10 that is exacerbated at work station. She is also complaining of low back pain, pain with bending and squatting with a pain level of 5/10. Medication was hydrocodone. On physical examination of the cervical spine there is cervical paraspinous muscle spasms with decreased range of motion; the right shoulder reveals decreased range of motion with tenderness to palpation of the anterior shoulder and acromioclavicular joint; right wrist shows decreased range of motion with pain and Tinel's and Phalen's cause pain; lumbar spine shows decreased range of motion, paravertebral tenderness and spasm, positive straight leg raise. Diagnoses include cervical spinal tear, status post anterior cervical discectomy and fusion at C5-6 and C6-7 with LDR cages; right shoulder pain and dysfunction; right shoulder impingement; right shoulder partial thickness tear of the supraspinatus tendon, status post right shoulder arthroscopy (1/10/13); status post right carpal tunnel release with residuals; right lumbar sprain/ strain. Treatments to date include physical therapy to regain range of motion of the cervical spine; home exercise program; chiropractic treatments. Diagnostics include electromyography/ nerve conduction study (10/24/11) normal; x-ray of the cervical spine (10/25/11) abnormal; x-ray right wrist (10/24/11) remarkable; x-ray lumbosacral spine (10/24/11) spondylosis; MRI of the cervical spine (5/30/12) showing status post anterior fusion, severe left neuroforaminal

narrowing; MRI of the lumbar spine (5/30/12) showing posterior disc bulge. On 3/18/15 the treating provider requested a short trial of physical therapy for the cervical spine for cervical spine residuals and to regain range of motion. She has had one set of physical therapy since her surgery and a second set is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy rehab program cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Neck Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) 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 no documentation of specific objective functional improvement with any 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. In light of the above issues, the currently requested physical therapy is not medically necessary.