

Case Number:	CM15-0109404		
Date Assigned:	06/16/2015	Date of Injury:	04/30/2003
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/07/2015

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 60-year-old female, who sustained an industrial injury on April 30, 2003. The injured worker was diagnosed as having neck pain, cervical spondylosis, intervertebral disc displacement and disc degeneration, adhesive capsulitis of the shoulder, disorder of bursa of shoulder region and rotator cuff syndrome. Treatment to date has included therapy and home exercise program (HEP). A progress note dated March 31, 2015 provides the injured worker complains of neck pain radiating down the arm to fingers with numbness and tingling. She also reports right shoulder stiffness, pain and weakness. Physical exam notes decreased cervical painful range of motion (ROM), painful range of motion (ROM) of the shoulder, positive impingement and greater tuberosity tenderness. The plan includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, 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 Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; displacement cervical intervertebral this without myelopathy; degeneration cervical intervertebral disc; neck pain; sciatica; adhesive capsulitis shoulder; disorder of bursa shoulder region; and rotator cuff syndrome. The date of injury is April 30, 2003. A December 11, 2014 progress states the injured worker last received physical therapy two years prior. There are no physical therapy progress notes the medical record and there was no evidence of objective functional improvement with prior physical therapy. According to a March 31, 2015 progress note, the documentation states the injured worker had prior physical therapy that "helped a little". Ordinarily, injured workers are 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. The injured worker had prior physical therapy. The total number of prior physical therapy sessions is not known. There is no documentation of objective functional improvement with prior physical therapy. The guidelines require documentation of objective functional improvement prior to continuing physical therapy. Based on the available documentation for review, there is insufficient clinical documentation indicating whether physical therapy is required. Additionally, there are no compelling clinical facts indicating additional physical therapy over and above the recommended guidelines is clinically indicated. Consequently, absent clinical documentation with the number of physical therapy sessions received to date, documentation evidencing objective functional improvement and compelling clinical facts indicating additional physical therapy (over and above the recommended guidelines), physical therapy two times per week times six weeks is not medically necessary.