

Case Number:	CM15-0019701		
Date Assigned:	02/09/2015	Date of Injury:	02/11/2011
Decision Date:	04/01/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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

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 51 year old sustained an industrial injury on 2/11/2011 due to cumulative trauma. Current diagnoses include cervical spine strain/sprain with radiculitis, cervical spine disc protrusions, thoracic spine strain/sprain, lumbar spine sprain/strain with radiculitis, lumbar spine disc bulges, chest wall strain, right shoulder rotator cuff tear, right elbow sprain/strain, right elbow medical and lateral epicondylitis, sleep disturbance secondary to pain, and situational depression. Treatment has included oral medications, physical therapy, home exercise program, acupuncture, three lumbar spine injections, two cervical spine injections, two steroid injections to the right shoulder, multiple surgical interventions, and localized intense neurostimulation. Physician notes dated 11/20/2014 show complaints of moderate pain to the neck, low back, and right elbow and improvement to the mid/upper back. Recommendations include physical therapy for the cervical and lumbar spine and right shoulder. On 1/8/2015, Utilization Review evaluated a prescription for 12 sessions of physical therapy to cervical and lumbar spine as well as right shoulder, that was submitted on 1/29/2015. The UR physician noted there is insufficient information regarding the amount and outcome of post-operative physical therapy. Further, the cervical and lumbar spine issues are years old and there is no information regarding recent conservative treatment. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

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 to cervical spine, lumbar spine, and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 89. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient was injured on 02/11/2011 and presents with pain in the neck, lower back, and right elbow as well as improvements and slight pain in the mid/upper back. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS TO THE CERVICAL SPINE, LUMBAR SPINE, AND THE RIGHT SHOULDER. The RFA is dated 11/20/2014 and the patient is to remain on temporary total disability for 4 weeks as of 11/20/2014. The patient has had at least 4 sessions of physical therapy from 07/07/2014 - 07/18/2014. MTUS page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Physical therapy postsurgical guidelines regarding the shoulder on page 26 and 27 of MTUS allow for 24 visits over 14 weeks for a strained shoulder, rotator cuff. The patient underwent arthroscopic capsular release and manipulation under anesthesia on 03/15/2013, revision decompression, distal clavicle resection, labral and cuff debridement, manipulation under anesthesia, and lysis of adhesions on 05/14/2014, and right shoulder depression, distal clavicle resection, labral and cuff debridement on 11/14/2014. In this case, the patient has already had at least 4 sessions of physical therapy and is now requesting for an additional 12 sessions of therapy. An additional 12 sessions of therapy to the 4 that the patient has already had exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy IS NOT medically necessary.