

Case Number:	CM15-0137021		
Date Assigned:	07/27/2015	Date of Injury:	09/14/2012
Decision Date:	09/04/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/15/2015

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:

The injured worker was a 52 year old female, who sustained an industrial injury, September 14, 2012. The injured worker previously received the following treatments random toxicology laboratory studies were negative for any unexpected findings and aquatic therapy. The injured worker was diagnosed with right shoulder impingement syndrome, status post lumbar spine surgery on November 4, 2014, cervical spine degenerative disc disease, depression and cervical spine status post laminectomy on March 37, 2015, cervical spine x-ray, Norco and Flexeril. According to progress note of June 24, 2015, the injured worker's chief complaint was right shoulder pain traveling to the bilateral hands with was described as sharp. The injured worker was having numbness and tingling in the bilateral hands. The injured worker reported the pain was worse. The injured worker was unable to lift the left arm above the shoulder level. The pain was traveling into the upper and mid back. The pain level varied depending on activity level. The cervical neck pain was described as aching. The injured worker rated the pain at 6-7 out of 10. The injured worker also complained of numbness of the surgical site. The injured worker continued with numbness at the surgical site. The low back pain was described as sharp shooting pain. The injured worker rated the pain at 7-8 out of 10. The injured worker had trouble with prolonged walking and standing for more than 5 minutes. The injure worker had increased pain levels and increased numbness to the right lower extremity, postoperative symptoms. The physical exam noted right shoulder tenderness with palpation of the acromioclavicular joint, supraspinatus, infraspinatus, acromion and upper trapezius on the right with positive impingement syndrome. There was decreased range of motion of motion in all planes. The

examination of the cervical spine noted moderate paraspinal tenderness and muscle guarding. There was severe decreased range of motion in all planes. The examination of the lumbar spine noted tenderness of the paraspinals with muscle guarding bilaterally. The range of motion was not performed as the injured worker had back surgery on November 4, 2014. Aquatic therapy was stopped due to cervical fusion. The treatment plan included postoperative physical therapy for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy Qty: 12 (2 times a week for 6 weeks): 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 Medicine Page(s): 98, 99.

Decision rationale: The patient was injured on 09/14/12 and presents with pain in her shoulder, neck, and lower back. The request is for Physical Therapy quantity 12 (2 times a week for 6 weeks). The RFA is dated 07/01/15 and the patient is on temporary total disability until 08/05/15. The report with the request is not provided. On 11/04/14, the patient underwent a L4-S1 decompression and on 03/26/15, she underwent an anterior cervical discectomy and fusion (ACDF) at C4-5. The utilization review denial letter states that "after the lumbar surgery, the patient only went to a few sessions of postoperative physical therapy because the patient got sick and then proceeded with cervical surgery. The patient was request to return to physical therapy that the patient did not have the opportunity to complete." MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. She is diagnosed with right shoulder impingement syndrome, status post lumbar spine surgery (11/04/14), cervical spine degenerative disc disease, depression, and cervical spine status post laminectomy (03/26/15). In this case, the patient is no longer in the post-operative time frame. The utilization review letter indicates that the patient had prior physical therapy to the lumbar spine; however, there is no discussion on how this therapy impacted the patient's pain and function or when these sessions took place. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Given that the patient has not had any recent therapy, a course of therapy may be reasonable to help with chronic pain and the patient's decline in function. However, the requested 12 sessions of therapy exceeds what is allowed by MTUS guidelines. The requested 12 sessions of therapy is not medically necessary.