

Case Number:	CM15-0137321		
Date Assigned:	07/27/2015	Date of Injury:	12/02/2010
Decision Date:	09/02/2015	UR Denial Date:	06/15/2015
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, 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 54 year old female who sustained an industrial injury on 12-2-10 when she felt pain in her neck, upper back and right shoulder while moving a cart of chairs across a slanted road. She did not seek immediate treatment. She currently complains of continued pain, stiffness and weakness in the back, neck, shoulders and arms which led to difficulty with activities of daily living including dressing, self-care and driving. Medications were tramadol, Celexa. Diagnoses include depression; chronic right shoulder pain secondary to osteoarthritis; chronic neck pain, secondary to degenerative spondylosis; chronic low back pain, secondary to degenerative spondylosis; right and left shoulder tendinitis; right medial epicondylitis; right cubital tunnel syndrome; cervicobrachial syndrome. Treatments to date include injections; physical therapy; acupuncture; medications; functional restoration program; behavioral medicine. Diagnostics include electromyography of the right upper extremity which was normal; x-ray bilateral shoulders (11-19-12) negative; x-ray of cervical spine (2-14-14) slight disc narrowing; MRI cervical spine (1-30-15) showing disc protrusion. In the progress note dated 3-27-15 the treating provider's plan of care includes a request for physical therapy for the neck twice per week for four weeks due to multifactorial pain syndrome involving her neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 4Wks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (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.