MAXIMUS Federal Services

Case Number:	CM15-0137502		
Date Assigned:	07/27/2015	Date of Injury:	07/16/2009
Decision Date:	09/28/2015	UR Denial Date:	06/30/2015
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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 July 16, 2009. The injured worker reported a fall with subsequent complaints of pain. The injured worker was diagnosed as having chronic post-traumatic neck pain with progressive exacerbation, bilateral cervical radiculopathy with the right greater than the left, cervical spinal canal stenosis at cervical four to five and cervical five to six, ankylosis of vertebral bodies at cervical six and cervical seven, bilateral carpal tunnel syndrome especially to the left, left cubital tunnel syndrome, left rotator cuff tendinopathy, grade I spondylolisthesis at cervical three to four, cervical four to five, and cervical five to six. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, x-rays of the cervical spine, nerve conduction study, medication regimen, and physical therapy. In a progress note dated May 19, 2015 the treating physician reports complaints of persistent, constant, severe pain to the neck, persistent pain to the periscapular region, and frequent pain to the occipital region with the pain radiating to the bilateral arms with the right forearm pain greater than the left. Examination reveals decreased sensation over the cervical six and cervical seven distribution with the right greater than the left and decreased motor strength to the right arm muscles. The injured worker's pain level was rated an 8 out of 10. Documentation from January 16, 2015 noted that the injured worker had prior physical therapy with the treating physician's assistant noting that the injured worker's prior physical therapy assisted "a little bit", but the documentation did not indicate the quantity of prior physical therapy sessions along with if the injured worker experienced any functional improvement with prior physical therapy. The treating physician requested physical

therapy two times six for the left shoulder, bilateral hands, cervical spine, and bilateral knees, but the documentation provided did not indicate the specific reason for the requested 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 x 6 for left shoulder, bilateral hands, cervical spine, and bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, Preface Physical Therapy, Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The patient was certified for prior physical therapy sessions, which is consistent with MTUS and ODG guidelines for initial "trial" of treatment however, the number of sessions and outcome is not noted. Additional sessions may be warranted based on the progress during the initial treatment sessions; however, the medical records fail to document ongoing improvement. Additionally, the medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for Physical Therapy 2 x 6 for left shoulder, bilateral hands, cervical spine and bilateral knees is not medically necessary.