

Case Number:	CM15-0139029		
Date Assigned:	07/29/2015	Date of Injury:	10/30/2013
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/17/2015

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, Hawaii

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 is a 50 year old female, who sustained an industrial injury on 10/30/13. She reported injury to her left shoulder after a slip and fall accident. The injured worker was diagnosed as having cervicgia, headaches, right rotator cuff tear and left shoulder pain. Treatment to date has included physical therapy in 2013, aqua therapy and a cervical MRI on 3/10/14 showing C7-T1 neural foraminal narrowing. Current pain medications include Gabapentin, Naprosyn and Norco. As of the PR2 dated 6/17/15, the injured worker reports 9/10 pain in her cervical spine. Objective findings include spasms and tenderness in the cervical paravertebral muscles and a positive Hawkin's test in both shoulders. The treating physician requested physical therapy x 12 session to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, cervical (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional improvement measures Page(s): 98-99, 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Physical therapy, cervical (12 sessions). The treating physician report dated 7/15/15 (7A) states, "Conservative treatments were initiated, including a course of physical therapy, which provided her with no significant pain relief." The report goes on to state, "Patient has been instructed to walk for exercise as tolerated, continue home exercise program and take medications as directed." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the patient has already established a home exercise program and reports that previous physical therapy provided her with no "significant pain relief." The current request is not medically necessary.