

Case Number:	CM15-0187399		
Date Assigned:	09/29/2015	Date of Injury:	05/31/2011
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 5-31-11. The injured worker was diagnosed as having chronic neck pain, shoulder, hand, foot pain; opioid dependency; constipation. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG-NCV study t upper extremities (4-17-15); MRI cervical spine (4-22-15). Currently, the PR-2 notes dated 8-20-15 indicated the injured worker complains of ongoing pain in the lower back and neck that is radiating. The injured worker has had an EMG-NCV study and MRI in both neck lower back and upper and lower extremities. An EMG-NCV study upper extremities dated 4-17-15 impression, "1) Electrodiagnostic evidence of a bilateral C6 radiculopathy. 2) No electrodiagnostic evidence of a brachial plexopathy, myopathy or any other mononeuropathies on both upper limbs-extremities." A MRI of the cervical spine dated 4-22-15 impression documents "No evidence of a focal disc herniation or significant central canal or nerve root canal stenosis at any level. The cervical cord demonstrates normal signal and contour at all levels. Minimal cervical spondylotic changes are noted as described." The provider is recommending physical therapy for the shoulder, but no therapy for the neck or lower back. A PR-2 dated 8-4-15 indicates the injured worker presents to the clinic for pain medication and follow-up of pain in the neck and hands, carpal tunnel and also reports neuropathic pain in feet. The provider documents "Experiences muscle spasms in hands, but does not want to take Baclofen because made her 'groggy' and a 'zombie'. Also felt it did not improve the spasms. Finds that muscle spasms increase when she is holding something in hands (i.e. when reading a book). Patient's pain controlled with Nucynta ER 150mg BID and Nucynta 75mg BID (reserves

at night time dosing 9pm and 11pm), Lyrica 150mg BID, Lyrica 100mg in the afternoon. Has cut down on Ibuprofen 800mg to a max of twice a day (uses one a day most days), states she may have had an increase in pain due to that, but wants to continue to use less medication. Also uses Lidoderm patches cut into strips on hands at night. Has been using Lido-gaba-2K compound, does not feel it is as effective as the previous one that contained baclofen and cyclobenzaprine. She reports she has not picked up new cream containing both. Pain may be worse due to recent trip to Disneyland on Friday, which patient states 'she is still recovering from'." She reports her quality of pain is aching, needle like pain in hands; throbbing pain in shoulder that shoots to elbow. Aggravating factors: physical activity, sitting and standing for too long. She reports her sleep is interrupted and usually sleeps two hours then wakes up for 4 and sleeps again. A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 9-11-15 and non-certification was for Physical therapy 2 times a week for 6 weeks (12) for the shoulder. A request for authorization has been received for Physical therapy 2 times a week for 6 weeks (12) for the shoulder.

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 (12) for the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, physical therapy is indicated for up to 8-10 sessions with a weaning frequency and additional exercises to be performed at home. In this case, there was no recent surgery. The claimant was previously instructed to do home exercises. Physical therapy can be provided for 1-2 sessions to further educate for home continuation. In this case, the amount of therapy exceeds the amount recommended by the guidelines. The 12 sessions of physical therapy is not medically necessary.