

Case Number:	CM15-0187543		
Date Assigned:	09/29/2015	Date of Injury:	11/14/2013
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
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: 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 37 year old female, who sustained an industrial injury on 11-14-2013. She has reported subsequent neck and left upper extremity pain and was diagnosed with status post slip and fall, left shoulder sprain with rotator cuff tendinitis, cervical sprain and status post left upper extremity contusions. MRI arthrogram from June 2014 was noted to show no labral tear, mild rotator cuff tendinosis, lateral downsloping of the acromion, mildly narrowing of the lateral supraspinatus outlet and degeneration of the posterior-superior and posterior-inferior labrum. Treatment to date has included pain medication, physical therapy, Cortisone injections and a home exercise program. The injured worker was noted to undergo physiotherapy treatment sessions from 08-06-2014-08-29-2014, which provided temporary relief of symptoms. The number of prior therapy sessions received was unclear and there is no documentation of specific objective improvements seen with prior therapy. In a progress note dated 08-11-2015, the physician noted that the injured worker was last seen back in 06-23-2015 and that the injured worker stated that she had upper extremity cervical myofascial pain in the left side more than the right. The physician noted that the injured worker "was given alternative form of pain creams and medicines." Objective examination findings showed minimal tenderness throughout the cervical paraspinals, taut bands that have gone down and minimal tenderness to the left and right levator scapulae and upper trapezius. Work status was documented as temporarily totally disabled. The physician noted that a request for physical therapy would be made with focus being on ART technique to the neck and that an objective FCE would likely be needed to evaluate what the injured worker could and couldn't do. A request for authorization of physical

therapy 2x a week for 3 weeks, FCE (functional capacity evaluation) and Cyclobenzaprine 7.5 mg, #60 was submitted. As per the 08-27-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Physical therapy 2x a week for 3 weeks. The treating physician states in the report dated 8/11/15, "Requesting authorization for physical therapy. Focus will be on ART technique to the neck." (5C) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and if the patient had any functional improvement with physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary.

FCE (Functional Capacity Evaluation): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 137.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for FCE (Functional Capacity Evaluation). The treating physician states in the report dated 8/20/15, "The O-FCE will be able to provide data which indicates if she is exhibiting significant muscular weakness, functional strength loss over time, biomechanical breakdown and compensatory behavior which could place her at risk for further injury." (2C) The ACOEM guidelines state, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial... There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In

this case, the treating physician does not explain why FCE is crucial. The employer or the claims administrator does not request it. The FCE does not predict the patient's actual capacity to perform in the workplace. The current request is not medically necessary.

Cyclobenzaprine 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Cyclobenzaprine 7.5mg #60. The most recent treating physician report did not address Cyclobenzaprine. The treating physician states in the report dated 6/23/15, "We will do an alternative approach to help treat her discomfort including utilization Cyclobenzaprine." (8C) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician has prescribed this medication for long-term use, which is not recommended by the MTUS guidelines. The current request is not medically necessary.