

Case Number:	CM15-0189740		
Date Assigned:	10/01/2015	Date of Injury:	12/24/2013
Decision Date:	11/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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

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 44-year-old female who sustained an industrial injury on 12-24-2013. Diagnoses have included subscapularis sprain or strain, brachial neuritis, and other affections of the shoulder region. Diagnostic studies include an MRI of the cervical spine dated 2-5-2015, and x-rays 8-19-2015 with results stated as multilevel cervical spondylosis, C6-7 congenital fusion, and C3-4 left foraminal stenosis. Documented treatment includes right shoulder subscapularis repair with secondary arthrofibrosis improved; bilateral C3-4 facet blocks with "non-diagnostic response"; medication including Tramadol ER, Omeprazole, Naprosyn and Flexeril; at least four acupuncture treatments with the last dated 4-7-2015 documenting "improvement"; and, an unspecified number of physical therapy sessions in 2013 and 2014. The recent documentation provided does not provide detail relating to past or current physical therapy or the injured worker's response. In the physician's report dated 9-8-2015, range of motion of cervical spine was noted as flexion 20 degrees, extension 22 degrees, left lateral bending 38 degrees, right lateral bending 22 degrees, left rotation 64, and right rotation 28 degrees and it was noted that neck pain increased with cervical extension. There was tenderness of the right paraspinal muscles. The injured worker's subjective complaints reported "continued pain" in the right shoulder girdle, with pain coming from the cervical spine into the trapezoid muscles. She still showed "impingement maneuvers still somewhat positive." There is no documentation related to activities of daily living or functionality. She has been working part time. The treating physician's plan of care includes possible facet injection and has requested 8 "additional" physical therapy sessions which was denied on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy, twice a week, for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any documented functional benefit. The request to Continue Physical Therapy, twice a week, for four weeks is not medically necessary and appropriate.