

Case Number:	CM15-0196751		
Date Assigned:	10/12/2015	Date of Injury:	02/06/2015
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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 54 year old female, who sustained an industrial injury on February 06, 2015. The injured worker was diagnosed as having bilateral shoulder rotator cuff tears and internal derangement with impingement syndrome, myoligamentous sprain and strain of the lumbosacral spine with protrusions at lumbar four to five and lumbar five to sacral one with the right more than the left along with radiculopathy, and cervical disc protrusion with degeneration and radiculitis or radiculopathy per magnetic resonance imaging. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, chiropractic therapy, and magnetic resonance imaging of the cervical spine, medication regimen, and physical therapy. In a progress note dated June 12, 2015 the treating physician reports complaints of "moderately severe" pain to the neck that radiates to the bilateral shoulders to the bilateral upper extremities along with numbness and tingling. The treating physician also noted complaints of constant, "moderately severe" low back pain that radiates to the bilateral lower extremities with numbness and tingling. Examination performed on June 12, 2015 was revealing for dizziness, decreased range of motion to the bilateral shoulders, positive impingement, drop arms, Neer's, and Hawkin's testing bilaterally, weakness to the bilateral deltoid, biceps, wrist extensor, internal shoulder rotators, and external shoulder rotators, and decreased sensation to the bilateral cervical six dermatomes. The progress note on June 12, 2015 did not include the injured worker's lumbar examination. The injured worker's pain level on June 12, 2015 was rated a 7 to 8 out of 10. The documentation provided noted prior physical therapy with a quantity unknown along with a progress note from August 18, 2015 noting that prior physical therapy only provided "minimal benefit", but did not include if the injured worker experienced any functional improvement with prior physical therapy. On June 12, 2015 the treating

physician requested physical therapy to the cervical spine, lumbar spine, and the bilateral shoulders for treatment of internal derangement of the bilateral shoulders, but the progress note did not indicate the specific reason for the requested therapy to the lumbar and cervical spine. On September 18, 2015 the Utilization Review determined the request for eight sessions of physical therapy at twice a week for four weeks to the cervical spine, lumbar spine, and right shoulder to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week for four weeks, for the cervical, lumbar spine and right shoulder (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004.

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

Decision rationale: The current request is for physical therapy, twice a week for four weeks, for the cervical, lumbar spine and right shoulder (8 sessions). Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, chiropractic therapy, and magnetic resonance imaging of the cervical spine, medications, and physical therapy. The patient is TTD. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under physical medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 08/18/15, the patient reports complaints of moderately severe pain to the neck that radiates to the bilateral shoulders along with numbness and tingling. She also complains of constant, moderately severe, low back pain that radiates to the bilateral lower extremities with numbness and tingling. The patient has completed 8 physical therapy sessions since her injury date of 02/06/15. Report 08/18/15 notes that the patient "completed her physical therapy treatment with only minimal benefit." In this case, the patient has reported that prior physical therapy was not helpful, and it is unclear why additional PT is being sought at this time. The requested 8 sessions in addition to the 8 already received, exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy is not medically necessary.