

Case Number:	CM15-0198964		
Date Assigned:	10/14/2015	Date of Injury:	03/05/2015
Decision Date:	12/10/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/09/2015

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, Pain Management, Occupational Medicine

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 33 year old male, who sustained an industrial injury on March 05, 2015. The injured worker was diagnosed as having cervical, thoracic, and upper left shoulder strain with myofascial pain and left bicipital tendinitis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, electromyogram of the left upper extremity, acupuncture, and physical therapy. In a progress note dated September 10, 2015 the treating physician reports complaints of pain to the neck, upper shoulder region, and the thoracic region. Examination performed on September 10, 2015 was revealing for tenderness to the cervical paraspinal muscles, trapezius muscles, levator scapular muscles, and the periscapular muscles; tenderness to the left lower thoracic paraspinal muscles; tenderness to the left bicipital tendon; and multiple trigger points to the upper shoulder and periscapular regions. The progress note from September 10, 2015 indicated that the injured worker "really has not had any quality physical therapy." The medical records included physical therapy progress note from May 19, 2015 that noted at least 9 prior sessions of physical therapy that indicated the injured worker to have "limitations with cervical spine range of motion, cervical spine stabilization and pain" and further noted that the injured worker "would benefit from continued physical therapy to address limitations to allow him to work activities with no increase in pain." The physical therapy progress note from May 19, 2015 indicated an increase in range of motion from the initial visit, but has not reached all of the injured worker's target goals. On September 10, 2015 the treating physician requested physical therapy two times a week for four weeks to the cervical spine, thoracic spine, and the left shoulder with the treating physician noting that

"quality physical therapy sessions would be appropriate." On September 22, 2015 the Utilization Review determined the request for physical therapy two times a week for four weeks to the cervical spine, thoracic spine, and the left 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 2 times a week times 4 weeks for the cervical, thoracic, left shoulder:
Overturned

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

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

Decision rationale: MTUS 2009 states that up to 9 sessions of PT are an option to treat myalgia. The patient has already received 8 sessions of PT without any carryover benefit. This is a request for an additional 8 sessions of PT since the patient remains symptomatic after a course of acupuncture. The patient has soft tissue discomfort that should respond to conservative care. The prior PT has not been described but approaches to it can differ by different providers. Therefore, even though this request does not adhere to MTUS 2009, this request for an additional 8 sessions of PT is medically necessary to determine if PT can make a meaningful difference in the care of this patient.