

Case Number:	CM15-0202005		
Date Assigned:	10/16/2015	Date of Injury:	01/19/2010
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old female who sustained an industrial injury on 01-19-2010. According to a progress report dated 09-14-2015, the injured worker was seen for her neck, bilateral shoulder, bilateral wrist and bilateral hand pain. She continued to use her TENS until daily for added pain relief. She was having more numbness and tingling in her hands and was starting to notice increased pain. Medications were helpful and well tolerated. She was taking Naproxen, Omeprazole and Cyclobenzaprine. She was authorized for physical therapy and was able to attend one appointment before she went to Mexico on 09-20-2014. She was interested in attending the 5 remaining physical therapy appointments but was having a difficult time getting a hold of anyone at the previous place. Pain was described as aching in the left shoulder, neck and hands. She had numbness in her hands. Injection in her shoulder in the past provided a lot of pain relief. Pain was better with medications and physical therapy. Pain was rated 6 on a scale of 1-10 without medications and 3 with medications. Left shoulder exam demonstrated tenderness to palpation over the supraspinatus tendon. Flexion and abduction was at 105 degrees. External rotation was behind the head. Internal rotation was thumb to L5. Extension was 10 degrees. Right shoulder examination demonstrated tenderness to palpation over the acromioclavicular joint and supraspinatus tendon. Flexion and abduction was at 110 degrees. Extension was 40 degrees. Internal rotation was thumb to L3. External rotation was to behind the head. Physical examination of the cervical spine demonstrated decreased range of motion in all directions secondary to pain. Strength was 5 minus out of 5 in both shoulders. The remaining strength was 5 out of 5 in the bilateral upper extremities. Sensation was intact but decreased over the middle

fingers bilaterally. Deep tendon reflexes were 2 plus and symmetric. There was no clonus or increased tone. Impression included chronic pain syndrome, myalgia, limb pain, bilateral shoulder pain, bilateral wrist pain, bilateral hand pain, neck pain and cervical degenerative disc disease. MRI of the left shoulder showed status post rotator cuff repair without evidence of re-tear. There was small fluid in the subacromial subdeltoid bursa. Her left shoulder was most bothersome. Cervical MRI showed disc desiccation at C4-5. There was a 3-4 mm disc osteophyte complex which had right central focality. There was effacing the ventral subarachnoid space, contributing to mild central spinal canal stenosis and right foraminal exit one compromise. At C5-6 disc desiccation was noted. A 2-3 mm central disc protrusion was noted, not causing any central or nerve root canal stenosis. Mild facet joint hypertrophy was noted. At C6-7 there was a 2 mm central and left central disc bulge, not causing any central or nerve root canal stenosis. The treatment plan included electrodiagnostic studies and physical therapy for the neck, shoulder and wrists once or twice a week for six visits. An authorization request dated 09-18-2015 was submitted for review. The requested services included physical therapy for the neck, shoulders and wrist 1 x 6 weeks, electrodiagnostic studies of the bilateral upper extremities, Prilosec and Anaprox. On 09-25-2015, Utilization Review non-certified the request for physical therapy 2 times a week times 6 weeks for the neck, shoulders and wrist.

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 6 weeks for the neck, shoulders, wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the neck, shoulder and wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic pain syndrome; myalgia; limb pain; bilateral shoulder pain; bilateral wrist and hand pain; neck pain; and cervical degenerative disc disease. The date of injury is January 19, 2010. Request for authorization is September 18, 2015. The documentation in the medical record does not contain physical therapy progress notes. There is no documentation from the 2010 injury demonstrating objective functional improvement from prior physical therapy. According to an August 17, 2015 progress note, the injured worker was approved for six physical therapy sessions. The injured worker attended one session and then left for Mexico. The injured worker now wants to complete the remaining five sessions. The injured worker is engaged in a home exercise program, TENS and ongoing medications. According to a September 14, 2015 progress note, the injured worker has ongoing left shoulder and neck pain.

As noted above, the injured worker has returned from Mexico and wants to complete the outstanding physical therapy. The injured worker reportedly cannot contact with anyone regarding outstanding physical therapy. There is no documentation indicating the total number of physical therapy sessions to date. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation indicating the total number of physical therapy sessions to date, and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy two times per week times six weeks to the neck, shoulder and wrist is not medically necessary.