

Case Number:	CM15-0206611		
Date Assigned:	10/23/2015	Date of Injury:	07/20/2015
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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 30 year old female, who sustained an industrial injury on 7-20-15. The injured worker is diagnosed with cervical spine strain with myofascial headaches, right shoulder strain and acromioclavicular strain with impingement. Her work status is temporary total disability. Notes dated 8-20-15, 8-25-15, 9-2-15 and 9-16-15 reveals the injured worker presented with complaints of intermittent to constant, moderate neck pain described as stabbing, burning and shooting that radiates to her right shoulder associated with burning, numbness and tingling in her right arm. Her pain is rated at 7-9 out of 10 and worsened by repetitive use, activities at home and work and decreased with rest, time, medication and physical therapy. She reports difficulty engaging in activities of daily living; vacuuming, cleaning, dishes, self-care, driving, laundry and making the bed. Physical examinations dated 8-13-15, 8-25-15 and 9-16-15 revealed tenderness to palpation about the paracervical and trapezial musculature; muscle spasms are noted. The cervical spine range of motion is decreased and painful. The cervical distraction test is positive. The right shoulder is tender to palpation at the anterolateral shoulder and supraspinatus, mild tenderness that extends to the pectoralis and there is rotator cuff weakness. Range of motion is restricted and painful. Treatment to date has included heat and cold therapy, medications and physical therapy decreases her pain per note dated 8-25-15. Diagnostic studies include x-rays, electrodiagnostic studies and cervical spine MRI. A request for authorization dated 9-16-15 for treatment physical therapy to the cervical spine and right shoulder - 8 sessions is non-certified, per Utilization Review letter dated 10-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 8 sessions, C spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Physical therapy (PT), Official Disability Guidelines (ODG), Shoulder - Physical therapy (PT).

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

Decision rationale: The 30 year old patient complains of pain in the neck radiating to the right shoulder, as per progress report dated 09/16/15. The request is for physical therapy, 8 sessions, C spine and right shoulder. The RFA for this case is dated 09/16/15, and the patient's date of injury is 07/20/15. Diagnoses, as per progress report dated 09/16/15, included work related assault, cervical spine strain with myofascial headaches, and right shoulder strain/AC strain with impingement. Medications, as per progress report dated 09/02/15, included Norco, Clonazepam and Trazodone. The patient is temporarily totally disabled, as per progress report dated 09/16/15. MTUS Chronic Pain Management Guidelines 2009, 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." In this case, a request for 8 sessions for physical therapy is noted in progress report dated 09/16/15. As per progress report dated 08/06/15, the patient has completed one physical therapy visit. In progress report dated 08/25/15, the treater states physical therapy helps to "alleviate the pain," recommends the patient to "continue home exercise program." Neither the physician progress reports nor the Utilization Review denial letter clearly document the number of sessions completed until now. MTUS only recommends 8-10 sessions of PT in non-operative cases. Additionally, there is no discussion regarding the impact of prior therapy on the patient's function. The treater does not explain why the patient cannot continue to benefit from the home exercise regimen. Given the lack of relevant documentation, the request IS NOT medically necessary.