

Case Number:	CM15-0209364		
Date Assigned:	10/28/2015	Date of Injury:	12/11/2014
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/23/2015

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 46 year old female who sustained an industrial injury on 12-11-2014. According to a progress report dated 09-15-2015, the injured worker reported neck pain with cramping and muscle spasms associated with movement, looking up, looking down and twisting. Relief from physical therapy was noted. She also reported right shoulder pain. Ranges of motion of the cervical spine were painful. There was tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles. There was muscle spasms of the bilateral trapezii and cervical paravertebral muscles. Cervical compression caused pain. Shoulder depression was positive bilaterally. There was tenderness to palpation of the acromioclavicular joint, anterior shoulder and lateral shoulder. Supraspinatus press caused pain. Diagnoses included cervical myospasm, cervical radiculopathy, cervical sprain strain, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain strain and status post-surgery right shoulder. The treatment plan included acupuncture 2 x 4 and physical therapy 2 x 4 for the cervical spine. Work status included modified work with restrictions. On 09-28-2015, Utilization Review non-certified the request for physical therapy 2 times a week for 4 weeks cervical spine.

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 for 4 weeks cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic), Physical therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck 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 four weeks to the cervical spine 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 cervical myospasm; cervical radiculopathy; cervical sprain; right shoulder impingement syndrome; right shoulder pain; right shoulder sprain strain; and status post surgery right shoulder. Date of injury is December 11, 2014. Request for authorization is September 15, 2015. According to the September 15, 2015 progress note, subjective complaints of ongoing throbbing neck pain cramping and spasm associated with movement. Physical therapy provides relief. Objectively, cervical spine range of motion right lateral bending is mildly decreased (40/45) and range of motion to left lateral bending is mildly decreased (40/45). There is tenderness to palpation over the bilateral trapezii and paraspinal muscles. There is muscle spasm and tenderness. The treating provider is requesting an additional eight physical therapy sessions. According to the utilization review, the total number of physical therapy sessions is not specified. There is no documentation demonstrating objective optional improvement with prior physical therapy. According to a peer-to-peer conference with the treating provider, the injured worker completed seven physical therapy sessions with the most recent on September 23, 2015. The injured worker is being treated for a cervical sprain. The guidelines recommend 10 visits over eight weeks. There were no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. There is no documentation demonstrating objective functional improvement with the prior seven physical therapy sessions. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from the prior physical therapy sessions and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy two times per week times four weeks to the cervical spine is not medically necessary.