MAXIMUS Federal Services

Case Number:	CM15-0028193		
Date Assigned:	02/20/2015	Date of Injury:	01/02/2014
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/13/2015

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: Pennsylvania, Ohio, 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 31-year-old female, who sustained an industrial injury on 1/2/14. She has reported injury to right shoulder and neck down to forearm while vacuuming and sweeping. The diagnoses have included fibromyositis, cervical disc displacement without myopathy, chronic pain syndrome and pain in the shoulder joint. Treatment to date has included physical therapy, medication, activity modification, injections, acupuncture and physical therapy sessions. Currently, the injured worker complains of persistent pain in the neck, shoulders and upper back which have worsened since physical therapy and acupuncture sessions have stopped. She states that the physical therapy helped improve her symptoms. She also reports anxiety, muscle aches, weakness right arm and hand, numbness right hand, joint pain bilateral shoulders and depression and sleep disturbance. Magnetic Resonance Imaging (MRI) of the cervical spine dated 5/14/14 revealed disc protrusion, and canal narrowing. Physical exam revealed painful trigger points noted in the neck, symptoms were worse on the right, with trigger point tenderness down the back region. She has responded well to initial sessions of acupuncture and physical therapy and so continued treatment was requested. Work status was temporary total disability. On 2/13/15, Utilization Review non-certified a request for Physical Therapy, 2 times a week, cervical spine and left shoulder, Qty: 8.00 (per 11/19/15 order). Noting the guidelines recommend up to a total of 10 sessions before transition to self-led exercise for chronic pain and the injured worker has had 12 sessions of physical therapy with no rationale as to why he is unable to transition to Home Exercise Program (HEP). The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

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, cervical spine and left shoulder, Qty: 8.00 (per 11/19/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.