

Case Number:	CM15-0028776		
Date Assigned:	02/20/2015	Date of Injury:	06/24/2014
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/17/2015

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: Family Practice

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 June 24, 2014. The diagnoses have included joint pain-shoulder, cervical degenerative disc disease (DDD), thoracic spine degenerative disc disease (DDD), cervicalgia, thoracic spine arthralgia, adhesive capsulitis of shoulder and shoulder sprain/strain. A progress note dated January 14, 2015 provided the injured worker complains of upper back and shoulder blade "pinching" reported as unchanged since last visit. Physical exam reveals cervical and trapezius tenderness and spasm. On January 28, 2015 utilization review non-certified a request for 12 visits of Physical Therapy. The Medical Treatment Utilization Schedule (MTUS) Chronic pain and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Shoulder, Physical Therapy.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The injured worker is diagnosed with joint pain-shoulder, cervical degenerative disc disease (DDD), thoracic spine degenerative disc disease (DDD), cervicgia, thoracic spine arthralgia, adhesive capsulitis of shoulder and shoulder sprain/strain. The MTUS guidelines recommend up to 10 sessions of physical therapy for this patient's condition. While a short term course of physical therapy treatments may be supported, the request for 12 sessions exceeds the amount recommended by the MTUS guidelines, the request for 12 visits of Physical Therapy is not medically necessary.