

Case Number:	CM15-0029445		
Date Assigned:	02/23/2015	Date of Injury:	02/08/2014
Decision Date:	04/10/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/18/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37 year old man sustained an industrial injury on 2/8/2014 when he was loading a truck while supporting his balance on a box. When his arm moved, all of his weight shifted to his left arm. Current diagnoses include cervical strain with mild bilateral neural foraminal stenosis at C3-C4 and impingement syndrome of the left shoulder with tendinopathy. Treatment has included oral medications, physical therapy, activity and work modifications, and TNS unit. Physician notes dated 12/30/2014 show complaints of pain to the left scapula with pain and tingling in the left arm and neck pain. Recommendations include permanent and stationary designation. On 1/23/2015, Utilization Review evaluated a prescription for eight sessions of physical therapy to the cervical spine and left shoulder that was submitted on 2/13/2015. The UR physician noted that the worker had previously received physical therapy with no functional improvement. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Cervical/Left Shoulder 2 times a week for 8 weeks: 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: Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG, Neck Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. A progress note on 12/30/2014 indicated the patient has had a course of physical therapy with no functional or subjective improvement. There is no documentation of why any remaining deficits that cannot be addressed within the context of an independent home exercise program. In light of the above issues, the currently requested additional physical therapy is not medically necessary.