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| Case Number: | CM15-0213876 | | |
| Date Assigned: | 11/03/2015 | Date of Injury: | 11/07/2012 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 10/15/2015 |
| Priority: | Standard | Application Received: | 10/29/2015 |

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:

This is a 49 year old female who sustained an industrial injury on 11-7-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine musculoligamentous sprain and left shoulder sprain-strain. Per the progress report dated 8-12-2015, the injured worker complained of constant pain in her cervical spine rated 3 out of 10 and discomfort when turning or looking over her shoulder. She rated her left shoulder pain 6 out of 10. The physical exam (8-12-2015) revealed better range of motion of the cervical spine and left shoulder. According to the progress report dated 9-16-2015, the injured worker complained of pain in her cervical spine and left shoulder rated 3 out of 10. She reported it was getting worse when weather gets cold. She was waiting for authorization for physical therapy. Per the treating physician (9-16-2015), the injured worker was working with modified duty. Objective findings (9-16-2015) revealed stiffness of the cervical spine. Treatment has included physical therapy (at least 6 sessions in July 2015). The request for authorization was dated 9-2-2015. The original Utilization Review (UR) (10-15-2015) denied a request for additional physical therapy for the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times 3 for the cervical spine, and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy two times per week times three weeks to the cervical spine and left shoulder 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 C4 - C5 disc degeneration; C3 - C4 3 mm central and paracentral disc bulge; and C5 - C6 3 mm broad-based disc bulge. Date of injury is November 7, 2012. Request for authorization is October 13, 2015. According to the last physical therapy progress note dated July 24, 2015, the injured worker was discharged from physical therapy after 14 visits. Pain score was 3/10 at discharge, the injured worker was working and range of motion and strength were within normal limits. According to the utilization review, the injured worker received 24 physical therapy sessions to date. According to the most recent progress note dated October 13, 2015, the injured worker has minor aching pain 3/10. There is burning in the bilateral upper extremities. Objectively, there is no physical examination. The injured worker is awaiting physical therapy. As noted above, there are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The injured worker received 24 sessions of physical therapy and should be well-versed in the exercises performed during physical therapy to engage in a home exercise program. Based on the final information in the medical record, peer-reviewed evidence-based guidelines, no physical examination in the October 13, 2015 progress note, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy this clinically indicated, additional physical therapy two times per week times three weeks to the cervical spine and left shoulder is not medically necessary.