MAXIMUS Federal Services

Case Number:	CM15-0214421		
Date Assigned:	11/04/2015	Date of Injury:	02/25/2014
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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 54-year-old male who sustained an industrial injury on 2-25-2014 and has been treated for neck, low back, and bilateral shoulder pain. Diagnostic x-rays of undocumented date showed mild cervical degenerative disc disease-spondylosis at C5-6; both shoulders acromioclavicular osteoarthritis; and the lumbar spine showed degenerative disc disease-mild spondylosis at L4-5 with decreased lordosis. 1-8-2015 MRIs noted Cervical disc protrusions C5-7 but no "significant" spinal stenosis or neural foraminal narrowing; left shoulder noted "low grade, partial thickness articular side tearing"; right shoulder MRI was performed 8-30-2015 stating tendinopathy or partial tear of the supraspinatus tendon, impingement syndrome, and minimal subacromial bursitis. Lumbar MRI 1-8-2015 showed disc protrusion at C5-7 with no stenosis or foraminal narrowing. On 9-30-2015 the injured worker reported low back pain with a VAS rating of 2-3 out of 10 while sitting, and bilateral shoulder pain both rated as 3 out of 10, radiating down both arms to his fingers. He complained of grinding in both shoulders when moving his arms, and said that symptoms had not changed since his last visit. Objective findings include tenderness to the cervical spine with palpation, and muscle tightness without spasm. The physician noted a decrease in cervical lordosis and painful, decreased range of motion. There was no radicular pain into the arms. His shoulders also revealed "mildly" decreased range of motion, worse on the left side, but no tenderness over the biceps tendons. Neer impingement test and Hawkins's test were both painful bilaterally, but worse on the left. Elbows and wrists were noted to have full range of motion, but the physician stated the left hand had Dupuytren's contracture with a 90 degree flexion deformity at the PIP joint. All five fingers of the left hand had mildly decreased sensation, and 4 out of 5 strength in the shoulder girdle muscles. There were positive Tinel's at both wrists, and the left cubital tunnel. The lumbar spine also had decreased range of motion with pain at

extremes, and decreased lordosis. Documented treatment includes Hydrocodone, and physical therapy. Treatment is not documented in the progress notes, but in the 3-27-2015 note the physician states that "patient was improving with therapy and is regressing without it," and stated 12 sessions were being requested. On 7-1-2015, the physician states the injured worker may "resume therapy" and that he had five sessions left. Documentation does not specifically state how much physical therapy the injured worker has received or progression of treatment, but the treating physician is requesting 12 additional sessions of physical therapy for the neck, low back, and bilateral extremities which was non-certified on 10-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 6; Neck, Low Back and Bilateral Upper Extremities: 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, Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, two times per week times six weeks to the neck, low back bilateral upper extremities 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 chronic cervical spine strain superimposed on cervical spondylosis; left shoulder impingement; right shoulder rotator cuff tendinitis; chronic lumbosacral sprain strain superimposed on lumbar spondylosis; and bilateral cubital tunnel syndrome. Date of injury is February 25, 2014. Request for authorization is September 30, 2015. According to the progress note dated September 30, 2015, subjective complaints are ongoing neck, bilateral upper extremity and low back pain. Objectively, there is tenderness over the cervical and lumbar paraspinals with decreased range of motion. The documentation indicates the injured worker received a total of 24 sessions of physical therapy to the neck, back and upper extremities with relief. The documentation does not demonstrate objective functional improvement as a result of prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. After 24 sessions of physical therapy, the injured worker should be well-versed in the exercises performed during physical therapy to engage in a home exercise program. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from the prior 24 sessions of physical therapy and no compelling clinical facts indicating additional physical therapy is clinically indicated, two times per week times six weeks to the neck, low back bilateral upper extremities is not medically necessary.