

Case Number:	CM15-0215628		
Date Assigned:	11/05/2015	Date of Injury:	08/20/2007
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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

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 52-year-old female, who sustained an industrial injury from 08-20-2007 to 11-29-2012. The injured worker was working full duty as of 09-09-2015. Medical records indicated that the injured worker is undergoing treatment for rotator cuff sprain-strain, shoulder impingement, right shoulder arthroscopy, lumbar radiculopathy, internal derangement of knee, and anxiety disorder. Treatment and diagnostics to date has included right shoulder surgery and medications. Recent medications have included Medrox pain relief ointment, Celebrex, and Cyclobenzaprine. Subjective data (07-22-2015 and 09-22-2015), included right shoulder, lumbar, and neck pain. The treating physician noted on 07-22-2015 that a short course of physical therapy was ordered, "Since she is having an acute exacerbation of the cervical spine and lumbar spine pain". Objective findings (09-22-2015) included cervical and lumbar spine paraspinal muscle tenderness with spasm and restricted range of motion, anterior shoulder tenderness to palpation, positive Tinel's sign and Phalen's test bilaterally, and positive bilateral straight leg raise test. The request for authorization dated 09-22-2015 requested physical therapy 3 times a week for 4 weeks for neck and right shoulder. The Utilization Review with a decision dates of 10-08-2015 non-certified the request for 12 sessions of physical therapy for the neck and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for The Neck and Right 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 rationale: The current request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE NECK AND RIGHT SHOULDER. The RFA is dated 09/22/15. Treatment to date has included right shoulder surgery (02/11/14), physical therapy, activity modification and medications. The patient is working full duty. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under PHYSICAL MEDICINE, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 09/22/15, the patient presents with chronic neck, low back and right shoulder pain. Objective findings included cervical and lumbar spine paraspinal muscle tenderness with restricted range of motion. There is anterior shoulder tenderness to palpation, and positive Tinel's sign and Phalen's test bilaterally. The treatment plan was for Physical therapy 3 times a week for 4 weeks for the neck and shoulder. The treater has not provided a rationale for the requested physical therapy. There are no physical therapy reports provided for review, and the exact number of completed physical therapy visits to date and the objective response to therapy were not provided. The Utilization review letter dated 10/08/15 states that the patient has participated in "at least 18 sessions in the past 10 months." In this case, the treater has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. Furthermore, the request for 12 sessions in addition to prior treatment exceeds what is recommended by MTUS. Therefore, the requested physical therapy IS NOT medically necessary.