

Case Number:	CM15-0221538		
Date Assigned:	11/17/2015	Date of Injury:	08/19/2015
Decision Date:	12/24/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/11/2015

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 22 year old female injured worker suffered an industrial injury on 8-19-2015. The diagnoses included cervical spine sprain, rule out radiculopathy and right shoulder impingement syndrome. On 8-26-2015 the provider reported the pain was located in the posterior neck that was moderated radiating to the right shoulder with neck stiffness. Physical therapy referral was submitted. On 9-17-2015 she had completed 9 physical therapy sessions. On 9-28-2015 the physical therapist noted the injured worker was not progressing as the injured worker was non-compliant with foam roll, theracane or home exercise program. She was educated on the importance of performing her exercise program independently and would be discharged from therapy at that point. On 9-28-2015 the provider reported tenderness of the right shoulder with positive Neer's and Hawkin's tests along with reduced range of motion. There was tenderness of the cervical and thoracic bilateral regions. Medications that were recommended were Anaprox, Prilosec and topical medication. Utilization Review on 10-21-2015 determined non-certification for Physical Therapy 2x6 of Neck and Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 of 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 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, physical therapy two times per week time six weeks for the neck, right 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 cervical spine sprain left radiculopathy and right shoulder impingement syndrome. Date of injury is August 19, 2015. Request for authorization is October 14, 2015. According to a physical therapy progress note dated September 25, 2015, the injured worker received 11 physical therapy sessions (a cumulative total). Shoulder symptoms were about the same. The injured worker was engaged in a home exercise program. According to a September 28, 2015 new patient evaluation, subjective complaints included neck pain, right shoulder and upper and mid back pain. Objectively, there was tenderness over the right shoulder with motor 4/5. There was tenderness over the cervical paraspinal muscles. The treating provider recommended a course of physical therapy. The documentation does not state the total number of physical therapy sessions to date. There is no documentation demonstrating objective functional improvement from the prior physical therapy sessions. There are no compelling clinical facts by the requesting provider indicating additional physical therapy is clinically warranted. The documentation indicates the injured worker received, at a minimum, 11 sessions of physical therapy and the provider is requesting an additional 12 sessions. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy two times per week time six weeks for the neck, right shoulder is not medically necessary.