

Case Number:	CM15-0035027		
Date Assigned:	03/03/2015	Date of Injury:	03/18/2008
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46-year-old male, who sustained an industrial injury on March 18, 2008. The diagnoses have included cervical radiculitis with bilateral shoulder tendinitis. Currently, the injured worker complains of an increase in right shoulder discomfort and stiffness. The injured worker mentioned some improvement in the range of motion of his neck and shoulder and reported some recurrent discomfort and stiffness in his right shoulder. The evaluating physician noted that the injured worker had been provided a lengthy course of conservative care from which he had some improvement, yet his symptoms persisted. On February 5, 2015. Utilization Review non-certified a request for six physical therapy sessions for the cervical spine, two times per week for three weeks as an outpatient, noting that there is no clear detailed documentation of why the physical therapy is being requested at this point for the right shoulder and no documentation of the specific functional goals to be achieved that could not be met with the daily home exercise program. In addition, there is no documentation of the number of previous physical therapy sessions and what functional benefit if any was achieved. The California Medical Treatment Utilization Schedule was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of six physical therapy sessions for the cervical spine, two times per week for three weeks as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy for the Cervical Spine, 2 times per week for 3 weeks, as outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Physical Medicine Page(s): 6; 98-99.

Decision rationale: The injured worker sustained a work related injury on March 18, 2008. The medical records provided indicate the diagnosis of cervical radiculitis with bilateral shoulder tendinitis. Treatments have included Ibuprofen, Ambien, Previous physical therapy. The medical records provided for review do not indicate a medical necessity for 6 Physical Therapy for the Cervical Spine, 2 times per week for 3 weeks, as outpatient. The records indicate the injured worker has been treated with physical therapy in the past, but there was no available documentation of when, and the outcome of treatment. The MTUS states that, "Effective treatment of the chronic pain patient requires familiarity with patient-specific past diagnoses, treatment failures/successes". Therefore, although the MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine, up to 10 visits in most musculoskeletal cases, the request is medically not necessary without information of previous number of treatments and the outcome.