

Case Number:	CM15-0041397		
Date Assigned:	03/11/2015	Date of Injury:	02/07/2013
Decision Date:	04/20/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 57-year-old male, who sustained an industrial injury on 2/7/13. The injured worker has complaints of constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain radiates into the upper extremities and is associated with headaches that are migrainous in nature as well as tension between the shoulder blades. He also has pain in his shoulders. The diagnoses have included cervicgia and unspecified derangement of joint, shoulder region. The documentation noted that the injured worker had physical therapy in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, eight (8) sessions (2x4), cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical therapy, Physical

medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks. Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do not indicate any prior physical therapy for the cervical spine. Per guidelines, an initial trial of six session is necessary before additional sessions can be approved. The request for 8 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for Physical therapy, eight (8) sessions (2x4), cervical spine is not medically necessary.

Physical therapy, eight (8) sessions (2x4), bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical therapy, Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for 8 physical therapy sessions which is consistent with MTUS and ODG guidelines for initial "trial" of treatment. Additionally sessions may be warranted based on the progress during the initial treatment sessions. Progress notes made fail to mention as to the progress of the patient's shoulder or his response to physical therapy as it pertains to his request. As such, the request for Physical therapy, eight (8) sessions (2x4), bilateral shoulder is not medically necessary.

