

Case Number:	CM15-0052655		
Date Assigned:	03/26/2015	Date of Injury:	06/05/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/19/2015

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 33-year-old female, who sustained an industrial injury on 6/5/14. She reported left shoulder, neck and lower back pain. The injured worker was diagnosed as having calcific tendonitis, spondylosis, (HNP) herniated nucleus pulposus, possible radiculopathy and spondylosis. Treatment to date has included physical therapy, acupuncture, muscle relaxant and oral pain medication. Currently, the injured worker complains of constant pain and stiffness in neck. The injured worker stated the acupuncture helped to reduce her pain. Upon physical exam, decreased sensation is present at left C5, 6 and 7 dermatomes and decreased range of motion of cervical spine is noted; tenderness is noted at the lumbosacral junction with left and right muscle spasms and limited range of motion and left shoulder exam revealed tenderness at rotator cuff. The treatment plan consisted of request for left shoulder (MRI) magnetic resonance imaging and physical therapy of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical Spine, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical spine times six sessions are 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 exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are lumbar rule out degenerative disc disease; cervical rule out degenerative disc disease; shoulder; myofascial pain; cervical radiculopathy; and thyroid/cardiomegaly. The documentation indicates the injured worker received prior acupuncture therapy that was short-lived. The documentation indicates the injured worker received chiropractic treatment and started physiatry treatments (on October 2, 2014). The utilization review documentation shows the injured worker receives six prior physical therapy visits. There was no documentation in the medical record of prior physical therapy. 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). There was no physician documentation of objective functional improvement. Additionally, when treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There were no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement prior physical therapy, physical therapy cervical spine times six sessions are not medically necessary.