

Case Number:	CM15-0057591		
Date Assigned:	04/02/2015	Date of Injury:	07/28/2009
Decision Date:	05/29/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50-year-old female, who sustained an industrial injury on 07/28/2009. According to a progress report dated 02/25/2015, pain was noted in the neck, right shoulder/arm, right elbow, left elbow/forearm, right wrist/hand, left wrist/hand and left knee. She reported constant right shoulder pain that was aggravated by reaching overhead and back. Physical therapy was helping her manage pain, increase mobility and functionality in her shoulder, elbow and wrists. She was not taking any prescribed pain medications, only Motrin if needed. Diagnoses included cervical spine disc bulging with radicular pain, right shoulder surgery, status post right elbow surgery, left elbow strain, status post right carpal tunnel syndrome surgery, status post left carpal tunnel syndrome surgery, left knee strain and other problems unrelated to current evaluation. Treatment plan included physical therapy for the cervical spine and right and left upper extremities. Currently under review is the request for physical therapy to the cervical spine 2 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Cervical Spine 2 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, 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. Per guidelines, an initial trial of six session is necessary before additional sessions can be approved. The request for 12 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 to the Cervical Spine 2 x 6 is not medically necessary.