

Case Number:	CM15-0058854		
Date Assigned:	04/03/2015	Date of Injury:	06/04/2014
Decision Date:	06/25/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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 28 year old male, who sustained an industrial injury on June 4, 2014. He reported that he was attacked by a co-worker, injuring his shoulder, back, neck, and right wrist. The injured worker was diagnosed as having cervical pain, shoulder pain, low back pain, and knee pain. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of neck pain and lower backache. The Treating Physician's report dated February 25, 2015, noted the injured worker rated his pain with medications as a 7 on a scale of 1 to 10, and without medications as a 9. The injured worker's current medications were listed as Skelaxin and Celebrex. Physical examination was noted to show the cervical spine with restricted range of motion (ROM), and hypertonicity, spasm, tenderness, tight muscle band, and trigger point was noted on the left paravertebral muscles. The left shoulder movements were noted to be restricted with pain, with tenderness to palpation in the biceps groove and subdeltoid bursa. The right wrist was noted to have tenderness to palpation over the volar wrist, with tenderness to palpation noted over the right patella and a positive patellar grind test. The injured worker was noted to have ongoing low back, neck, and left shoulder pain. The treatment plan was noted to include additional physical therapy sessions, recommended by Physical Therapy, and a trial of Colace for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 6 weeks (12 sessions), for lumbar, cervical and left shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 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) Low back section, Neck section, and 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 for six weeks (12 sessions) lumbar, cervical and left 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 pain; shoulder pain; low back pain; and knee pain. Subjectively, according to a February 25, 2015 progress note (request for authorization March 6, 2015), the worker complains of neck pain and low back pain 7/10 with medication and 9/10 without medication. Objectively, range of motion of the cervical spine is decreased with tenderness overlying the paracervical muscles bilaterally. There are no objective findings referencing the lumbar spine. The documentation shows the injured worker completed 10 physical therapy sessions to the neck back and shoulder. The guidelines recommend 10 visits over five weeks for sprains and strains. The treatment plan states the injured worker received three initial physical therapy sessions. The documentation states the injured worker received 10 physical therapy sessions. There are no compelling clinical facts documented in the medical record indicating additional physical therapy (over the recommended guideline amount) is clinically warranted. There is no documentation demonstrating objective functional improvement prior physical therapy (#10 sessions). Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted and physical therapy progress notes with evidence of objective functional improvement, physical therapy two times per week for six weeks (12 sessions) lumbar, cervical and left shoulder is not medically necessary.