

Case Number:	CM15-0087600		
Date Assigned:	05/11/2015	Date of Injury:	07/21/2010
Decision Date:	06/11/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/07/2015

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, Florida, California
 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 54-year-old female, who sustained an industrial injury on 7/21/2010. She reported a fall, landing on her right side, and striking her head. The injured worker was diagnosed as having status post fusion. Treatment to date has included right shoulder surgery in 7/2011, cervical fusion C5-7 in 2013, cervical discectomy and fusion from C4-5 (2/26/2015), and medications. Currently (4/28/2015), the injured worker complains of posterior headaches. Overall, her improvement was slow but well. Her right upper extremity issues were improved and numbness was decreased in the right hand. Physical exam noted good strength in her bilateral upper extremities. X-rays were documented as showing components in excellent position and the start of fusion at the two-month mark. Pain was not rated and current medication regime was not noted. The treatment plan included physical therapy (1x6) due to neck pain and hand dysfunction. She was currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x6 for neck: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

Decision rationale: This claimant was injured now about 5 years ago. The claimant is post 2011 shoulder surgery, and cervical fusion in 2013. There was another cervical discectomy and fusion in February. She has had overall improvement, but it was slow. The pain however and current medicine regimen is not noted so a full clinical picture is not available to assess the need to add therapy. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. In addition, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. In addition, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cited: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient". Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. As shared, the claimant has had overall improvement, but it was slow. The main concern is that the pain and current medicine regimen is not noted so a full clinical picture is not available to assess the need to add therapy. This request for more skilled, monitored therapy was appropriately NOT MEDICALLY NECESSARY.