

Case Number:	CM14-0121787		
Date Assigned:	08/06/2014	Date of Injury:	07/26/2006
Decision Date:	10/20/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of July 26, 2006. A utilization review determination dated July 10, 2014 recommends non-certification of physical therapy for the right shoulder and neck. Modified certification was recommended to allow the patient time to transition to an independent program of exercise and strengthening. A progress report dated June 19, 2014 identifies subjective complaints of upper extremity pain in the right shoulder. The patient reports the pain has worsened since the last visit. Physical examination findings revealed tenderness in the cervical spine and tenderness in the right anterior shoulder. The diagnoses include cervical radiculopathy, bilateral carpal tunnel syndrome, right shoulder pain, depression, and chronic pain. The current treatment plan recommends supra-scapular nerve blocks and physical therapy. The note indicates that the patient has completed 4 weeks of physical therapy and reports improved pain control and functional improvement. Additional therapy is being requested with the goal of "transition to a home exercise program based on therapists recommendations." A progress report dated March 27, 2014 identifies physical examination findings of tenderness noted around the cervical spine. A progress report dated February 27, 2014 contains no physical examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks for the Right Shoulder and Neck:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder: Physical Therapy, Official Disability Guidelines, Neck & Upper Back: Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior physical therapy (PT) sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone, making it impossible to determine if the patient has already received the maximum number recommended by guidelines for his diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.