

Case Number:	CM14-0142299		
Date Assigned:	09/10/2014	Date of Injury:	04/23/2010
Decision Date:	12/18/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine 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:

Patient is a 59 year-old male with date of injury 04/23/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/31/2014, lists subjective complaints as pain in the neck, bilateral shoulders and upper back. Previous conservative treatments to date include chiropractic sessions, acupuncture, physical therapy, and medications. Dates and number of visits were not provided in the reports supplied for review. Objective findings: Examination of the cervical spine revealed tenderness of the paravertebral muscles and upper trapezii with spasm. Axial loading compression test and Spurling's maneuver were positive. There is painful and restricted range of motion. Examination of the bilateral shoulders revealed pain with terminal motion with residual weakness and limited range of motion. Diagnosis: 1. Cervical discopathy 2. Status post left shoulder arthroscopic surgery 3. Status post right shoulder arthroscopic surgery 4. Lumbar discopathy 5. Rule out internal derangement, bilateral knees 6. Bilateral plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment for cervical spine with gentle traction and lumbar spine 2 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back procedure summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical therapy evaluation and treatment for cervical spine with gentle traction and lumbar spine 2 times 6 is not medically necessary.