

Case Number:	CM14-0142310		
Date Assigned:	09/10/2014	Date of Injury:	06/15/2010
Decision Date:	10/28/2014	UR Denial Date:	08/09/2014
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 Family 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:

This 34-year old reported injuries to her right shoulder and neck due to bending and lifting on 6/15/10. Per an 11/19/12 AME report, her diagnoses included musculoligamentous neck sprain with disk protrusions C3-4, C4-5, and C5-6 with chronic neck pain, and right shoulder strain with rotator cuff tendonitis. There are two progress notes from the patient's primary treater, a physiatrist. The first is dated 8/15/13. It states that the patient was doing fairly well, and had recently been promoted to supervisor. She had completed 2 PT sessions. She had tenderness of her cervical paraspinal muscles, and full neck range of motion. Her right shoulder range of motion was decreased. Neurological evaluation was normal except for decreased sensation in a C6 radicular pattern and as well as a median nerve pattern, side not specified. Diagnoses included cervical strain and R shoulder impingement. The patient was advised to continue Norco, naproxen, orphenadrine and Lidoderm patches. The patient's next visit with the primary treater occurred on 5/13/14, which is the only other note from her in the records. The patient had worked several of the intervening months and had also been off for two months for carpal tunnel surgery. She had been working since January and was experiencing increasing neck pain over the last two months. Her physical exam was documented as normal except for tenderness and tightness in her cervical paraspinal muscles. Neck range of motion was normal, and neurological exam was intact, including sensation. Plan included 12 PT sessions, orphenadrine, a trial of meloxicam, consideration of imaging studies, and consideration of hydrocodone if pain levels increase. 6 PT sessions were authorized in UR on 5/28/14. There are two PT reports in the records. One, dated 7/7/14, notes that the patient completed 6 PT sessions with minimal gains in neck and shoulder range of motion. She continued to have constant pain ranging from 7-9/10. She had demonstrated good recall of a home exercise program. On 7/30/14 the primary treater wrote a prescription to "continue physical therapy as per recommendation of therapist 2Xwk X 3

wks to include myofascial release therapy, TENS trial. Dx: Cervical Strain s/p CTR. Precautions: Pain". The 6 PT sessions were non-certified in UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 6 sessions of physical therapy for treatment of right shoulder and cervical spine to include modalities of myofascial release and trial of TENS (Transcutaneous Electrical Neural Stimulation) unit.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web Version, 2010.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Functional Improvement; Physical Medicine Page(s): 9; 98-99.

Decision rationale: According to the first reference cited above, all therapies should be focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second reference states that passive therapy is for the early phase of treatment. Active therapy is recommended over passive care, with transition to home therapy. A maximum of 9-10 visits over 8 weeks is recommended for myalgia or myositis, and a maximum of 8-10 visits over 4 weeks is recommended for neuralgia, neuritis and radiculitis. This patient has had a total of 8 PT visits, including 6 from 6/18/14 through 7/7/14. According to the last PT report, she made minimal gains in neck and shoulder range of motion and in upper extremity strength. The only goal she met was that she demonstrated good recall of her home exercise program. She did not reach the goal of being able to do household chores on her own. Her pain levels did not decrease at all. The primary provider has requested 6 more PT sessions that specifically include passive modalities such as myofascial release and TENS. She has not identified any specific functional goals that could be addressed by physical therapy. Based on the evidence-based references cited above and the clinical findings in the case, six sessions of physical therapy for treatment of right shoulder and cervical spine to include modalities of myofascial release and trial of TENS are not medically necessary. They are not medically necessary because the patient has not made functional progress with the 8 sessions of PT she has already had, because continued passive treatment is not indicated, because the patient has completed the number of visits beyond which more formal therapy is unlikely to be useful, because she appears to be able to transition to a home exercise program, and because her provider has not identified specific functional goals that could be achieved with physical therapy but not home exercise. Therefore, the request is not medically necessary.