

Case Number:	CM14-0142820		
Date Assigned:	09/10/2014	Date of Injury:	01/10/2014
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 60-year-old female with a 1/9/14 date of injury. At the time (7/22/14) of request for authorization for Physical Therapy, Cervical Spine (Unspecified quantity) and Hospital # Day Stay, quantity 2, there is documentation of subjective (cervical and left shoulder pain described as dull, aching, stabbing, sharp pain) and objective (cervical range of motion: flexion 40, extension 40, right side flexion 20 and left side flexion 25 degrees and sensation decreased in 2 digits bilateral hands) findings, current diagnoses (cervical strain with disc bulge and left shoulder degenerative joint disease), and treatment to date (physical therapy (at least 6 sessions completed to date)). 8/8/14 medical report identifies there is documentation of a left shoulder total replacement surgery that is medically necessary. Regarding Physical Therapy, Cervical Spine (Unspecified quantity), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical Spine (Unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strain of neck not to exceed 10 visits over 8 weeks. The ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical strain with disc bulge and left shoulder degenerative joint disease. In addition, there is documentation of at least 6 physical therapy sessions completed to date. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. In addition, there is no documentation of the quantity of physical therapy sessions requested. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy, Cervical Spine (Unspecified quantity) is not medically necessary.

3 Day Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 12th Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Shoulder, Hospital length of stay (LOS)

Decision rationale: The ODG identifies hospital LOS for up to 2 days in the management of total shoulder replacement. Within the medical information available for review, there is documentation of diagnoses of cervical strain with disc bulge and left shoulder degenerative joint disease. In addition, there is documentation of a left shoulder total replacement surgery that is medically necessary. However, the requested 3 Day Hospital Stay exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 3 Day Hospital Stay is not medically necessary.