

Case Number:	CM14-0086368		
Date Assigned:	07/23/2014	Date of Injury:	06/04/2012
Decision Date:	10/07/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/09/2014

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 the patient with a date of injury of June 4, 2012. A utilization review determination dated May 8, 2014 recommends noncertification for physical therapy for the cervical spine. Noncertification was recommended since the physical examination was within normal limits. A progress report dated April 3, 2014 identifies subjective complaints of cervical spine pain, right shoulder pain, and left wrist pain. The note indicates that the patient is independent with activities of daily living. Physical examination findings identify normal sensation in the upper extremities, tenderness of the paracervical musculature, positive cervical muscle spasm, and slightly reduced cervical spine range of motion with pain. Diagnoses include cervical degenerative disc disease, status post right shoulder rotator cuff repair, and status post right shoulder rotator cuff repair revision. The treatment plan recommends an EMG/nerve conduction study of bilateral upper extremities, MRI of the cervical spine on April 9, 2014, photonics, Norco, meloxicam, and Zolpidem. An MRI dated April 9, 2014 identifies cervical degenerative disc disease with mild posterior subluxation of C4 on C5 and C5 on C6. A progress note dated April 21, 2014 recommends physical therapy 2 times a week for 4 weeks for neck exercise treatment and right shoulder with range of motion stretching exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine, 2 times per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a 6 visit 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 no indication of any objective functional deficits which are to be addressed with the currently requested therapy. Additionally, the 8 visits currently requested exceed the 6 visit trial recommended by guidelines, and unfortunately there is no provision to modify the current request. As such, the currently requested physical therapy for the cervical spine, 2 times per week for 4 weeks is not medically necessary and appropriate