

Case Number:	CM14-0211703		
Date Assigned:	12/24/2014	Date of Injury:	10/24/2013
Decision Date:	02/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

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

The injured worker is a 61-year-old male who reported an injury on 10/24/2013. The mechanism of injury was a fall. His diagnosis was noted as cervical spondylosis. His past treatment was noted to include physical therapy, cold therapy, TENS unit, and medication. His diagnostic studies were noted to include an x-ray of the cervical spine, performed on 12/04/2014, which was noted to reveal cervical spondylosis with disc space narrowing at C3-4, C4-5, and C5-6; and disc space narrowing worse at C5-6. His surgical history was noted to include arthroscopy and rotator cuff repair of the right shoulder performed on 03/04/2014. During the assessment on 12/03/2014, the injured worker complained of pain to the bilateral shoulders, with left greater than the right. He stated that the pain is constant since surgery. The injured worker reported that the pain was tolerable with medication, but had very limited range of motion. The injured worker complained of constant pain to the cervical spine radiating to the base of the skull, in the ears, into the bilateral upper extremities. The physical examination of the cervical spine revealed spasm and hypertrophy of the cervical trapezius on the left. There was good definition of muscles. There was forward head posture of cervical spine. There was tenderness to palpation bilaterally over the facets of C4-5 and C5-6. His range of motion was noted as forward flexion of 18 degrees, extension of 15 degrees, rotation to the right of 35 degrees, and to the left of 25 degrees. His lateral tilting was 18 degrees to the right and 10 degrees to the left. There was cervical radiculopathy noted. His medications were noted to include naproxen 500 mg twice daily, Prilosec 20 mg daily, Flexeril 10 mg daily, and tramadol 50 mg every 6 hours as needed for severe pain. The treatment plan was noted to request authorization for postop physical

therapy 3 times a week for 4 weeks for the left shoulder, continue observation of the right shoulder, request authorization for physical therapy 3 times a week for 4 weeks for the cervical spine, request authorization for TENS home rental for the cervical spine, and initiate tramadol 50 mg 1 tablet by mouth every 6 hours as needed for severe pain. The rationale for the request was not provided. The Request for Authorization form was dated 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

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

Decision rationale: The request for physical therapy 3 times a week for 4 weeks for cervical spine is not medically necessary. The California MTUS Guidelines recommend up to 10 physical therapy visits over 8 weeks for myalgia and myositis, unspecified. The requested 12 visits would exceed the guideline recommendation. Clinical documentation did not include a detailed assessment of the injured worker's current functional condition, including range of motion and motor strength, which would support the request for physical therapy. There was a lack of documentation indicating whether the injured worker had physical therapy previously for the cervical spine with documentation including the number of sessions completed and evidence of significant objective functional improvement with any prior physical therapy. Due to the lack of pertinent information and requested number of visits, the request for physical therapy 3 times a week for 4 weeks for cervical spine is not medically necessary.