

Case Number:	CM14-0215021		
Date Assigned:	01/02/2015	Date of Injury:	06/17/2002
Decision Date:	02/23/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 37-year-old man with a date of injury of June 17, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are previous left shoulder instability; cervical sprain/strain syndrome; lumbar discopathy; severe neurologic hypertensive and thoracic outlet symptomology; and status post thoracic neurovascular decompression. According to AME report dated July 11, 2014, recommendations included additional imaging and MRIs, which had recently been done. There was no indication in the medical records that any physical therapy (PT) has been requested for the IW since at least September 2013. Pursuant to the progress note dated October 21, 2014, the IW complains of persistent aching and stabbing pain in the left shoulder, which is rated 6/10 on the pain scale. The pain is associated with numbness and tingling. He also has cervical spine pain as well as lumbar spine pain. He is taking Tylenol and ASA for pain, which are not working. Documentation from July 2014, to present indicates the IW was not attending any type of physical therapy. Examination of the cervical spine reveals tenderness at the occipital insertion of the paracervical musculature. There is mild tenderness bilaterally in the trapezii. Range of motion (ROM) is restricted. Examination of the lumbar spine reveals significant tenderness in the paralumbar musculature. Straight leg raise testing is positive bilaterally. Circulation is intact. The treating physician is recommending a formal authorization for an orthopedic reevaluation. Medications were not prescribed. The treating physician does not address physical therapy in the clinical documentation. There are no physical therapy progress notes in the medical record. It is unclear if the IW has ever participated in PT. If so, there is no evidence of objective functional

improvement associated with prior PT. The current request is for physical therapy X 8 visits for the lumbar spine and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x8 visits for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Page(s): 98-99. Decision based on Non-MTUS Citation Low Back and Neck Sections; Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times 8 visits to the lumbar spine and cervical spine are not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are previous left shoulder instability; cervical sprain/strain syndrome; lumbar discopathy; severe neurologic hypertensive and thoracic outlet symptomology; and status post thoracic neurovascular decompression. The documentation according to an AME report states the injured worker has not been any physical therapy since at least September 2013. There was no further documentation requesting physical therapy with any clinical indications are rationale that physical therapy is, in fact, indicated the treating physician does not address additional physical therapy in his clinical documentation. Regarding prior physical therapy, there is no evidence of objective functional improvement. Additionally, there is no compelling clinical evidence in the record to support additional physical therapy. Consequently, absent clinical documentation to support additional Physical Therapy, the requested Physical Therapy time eight visits for lumbar spine and cervical spine is not medically necessary.