

Case Number:	CM14-0215293		
Date Assigned:	01/02/2015	Date of Injury:	08/24/2013
Decision Date:	03/04/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female with a reported industrial injury on August 24, 2013, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on December 11, 2014, for follow-up visit with orthopedic surgeon. The presenting complaints were not mentioned. The physical exam revealed tenderness to palpation over the upper, mid and lower paravertebral and trapezius muscle. The range of motion flexion was thirty degrees with twenty degrees right lateral bending; forty degrees left lateral bending, forty degrees right lateral rotation, thirty degrees left lateral rotation and thirty degrees extension. There was also increased pain with cervical motion. The diagnostic studies have included right shoulder on July 18, 2014 revealing sequel of remote distal clavicular deformity, clavicular resorptive changes were seen. The medical treatment is pain medication and physical therapy for six sessions for multiple body parts. Diagnoses are status post left shoulder arthroscopy with probable arthroscopic subacromial decompression and rotator cuff debridement on March 8, 2014, cervical spine sprain, and cervical radiculopathy, degenerative joint/degenerative disc disease of the cervical spine with protrusions at C4-C5, C5-C6 and C6-C7 with foraminal stenosis and overuse of the right upper extremity. The treatment plan is medication for pain management; additional physical therapy visits for the cervical spine as well as for completion of postoperative left shoulder, cervical epidural injections and continue her medical care on a non-industrial basis. The injured worker is temporarily totally disabled. On December 9, 2014, the provider requested 12 additional physical therapy sessions, on December 17, 2014, the

Utilization Review non-certified 12 additional physical therapy sessions, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional PT for the cervical spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with a flareup of cervical spine pain as well as pain in her thoracic spine and left shoulder girdle. The request is for 12 ADDITIONAL PHYSICAL THERAPY SESSIONS OF THE CERVICAL SPINE. MTUS page 98 and 99 has the following: Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS Guidelines page the 98 and 99 states that for myalgia and myositis, 9 to 10 sessions are recommended over 8 weeks, and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The utilization review denial letter states that the patient has had extensive PT for this chronic condition. There were no subjective benefits noted from PT. However, there is no indication of how many sessions the patient has had or when these sessions took place. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the requested 12 sessions of physical therapy for the cervical spine exceeds what is allowed by MTUS Guidelines. The requested physical therapy IS NOT medically necessary.