MAXIMUS Federal Services

Case Number:	CM14-0216486		
Date Assigned:	01/06/2015	Date of Injury:	09/07/2009
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/26/2014

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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:

This is a 53-year-old female with a work related injury dated September 7, 2009. The physician's visit dated November 13, 2014 documented right shoulder pain that had increased in accommodating her left upper extremity disability, limited range of motion in the left shoulder. Pain was reported to limit activities of daily living. Range of motion of the left shoulder was reduced with flexion, extension, adduction, abductions, internal rotation and external rotation.Diagnoses at this visit included left upper extremity repetitive strain syndrome, degenerative disc disease, C5-C6 moderate canal stenosis due to left para central lateral protrusion, extraction with C5-C6 moderate to severe left neural foraminal narrowing, C6-C7 moderate left neural foraminal narrowing, left shoulder ankyloses, rotator cuff tears, left thoracic outlet syndrome or left C5-C6 radiculopathy with borderline left upper extremity pain syndrome, affective disorder with anxiety, depression, reduced concentration aggravate by chronic pain and right shoulder compensable consequent injury to the left due to delayed treatment. Physical exam was remarkable for ambulation without an assistive device, pressure on both left and right posterolateral facets from C2 to C7 with aggravated pain and grimacing, tender to palpation with taught bands found at the myofascial trigger points with twitch responses in the levator scapula, trapezius and rhomboid muscles causing radiating pain to the posterior scapula and necks. Cervical rotation has increased since her last evaluation. Treatment at this visit was to continue current medications and to re-evaluate in two weeks. The authorization request dated November 13, 2014 was for six physical therapy visits to increase independent exercise and stabilize the shoulder. The utilization review decision dated November 25, 2014 non-covered the request for

six physical therapy visits for the left shoulder. The rationale for the non-coverage was based on the California MTUS, Chronic Pain Treatment Guidelines. Per the MTUS, active therapy is based on the philosophy that therapeutic exercise or exercise are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. For frequency of treatments, the MTUS guidelines allow for fading treatment frequency from up to three visits per week to one or less per week. There is no documentation of how many total physical therapy treatments have been completed for this 5-year old injury and the extent of his improvement. The goal of a supervised physical therapy program is to educate patient so they can be independent in there care taking. There is lack of documentation to support the need for this physical therapy request.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy (PT) sessions to left shoulder: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient had prior treatment with physical therapy. There is no documentation of the number of previous visits or evidence of significant functional gains. Lack of documentation does not allow for determination of efficacy. The request is not medically necessary.