

Case Number:	CM15-0010636		
Date Assigned:	01/28/2015	Date of Injury:	06/08/2009
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 48 year old female, who sustained an industrial injury on 6/8/2009. The diagnoses have included cervicalgia and chronic pain. Treatment to date has included surgical intervention and physical therapy. Surgical history included right shoulder surgery and two cervical fusion procedures. According to the Primary Treating Physician's Progress Report from 12/4/2014, the injured worker was status post right shoulder arthroscopy with subacromial decompression on 10/6/2014. She had been receiving ongoing physical therapy and reported improved pain and range of motion in the right shoulder. She had intermittent tenderness over the anterolateral aspect of the shoulder. She also had low back pain and pain radiating intermittently into the right buttock with activity. Physical exam of the right shoulder revealed full range of motion in all directions. There was mild tenderness over the anterolateral shoulder. Work status was temporarily totally disabled. According to the physical therapy treatment note dated 12/17/2014 (labeled Visit #21), the injured worker was hoping to continue with physical therapy for neck. She complained of being really sore after the last treatment. Assessment included right shoulder nearly full active range of motion. Per a 7/10/14 orthopedic surgery notes that patient is status post ACDF C5-6 with removal of anterior cervical plate at C6-7 on 6/2/14. On 12/29/2014, Utilization Review (UR) non-certified a request for Additional physical therapy, twice weekly, cervical spine QTY 8; UR non-certified a request for Manual therapy techniques, twice weekly, cervical spine QTY 8; UR non-certified a request for Hot or cold packs, twice weekly, cervical spine QTY 8; UR non-certified a request for Electrical stimulation, twice weekly, cervical spine QTY 8; UR non-certified a request for Self care management

training, cervical spine QTY 1; UR non-certified a request for physical therapy re-evaluation, cervical spine QTY 1; UR noted there was not enough information to make a medical necessity determination; there must be provision of required physician report with objective exam, physician prescription with signature, total number of therapy visits in 2014 and procedure notes. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the cervical spine, twice weekly, eight sessions total: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Guidelines Section Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

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

Decision rationale: Additional physical therapy for the cervical spine, twice weekly, eight sessions total is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The physical therapy treatment note dated 12/17/14 was noted to be the twenty first visit. The diagnoses was cervicgia. A review of the documentation does not reveal extenuating circumstances that would require 8 more supervised therapy visits. The patient should be competent in a home exercise program at this point. The request for additional therapy is not medically necessary.

Manual therapy techniques for the cervical spine, twice weekly, eight sessions total: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation and Physical Medicine Page(s): 58-60 & 98-99.

Decision rationale: Manual therapy techniques for the cervical spine, twice weekly, eight sessions total is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Manipulation is a passive treatment. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Active treatments also allow for fading of treatment frequency along with active self directed home PT, so that less visits would be required in uncomplicated cases. The

documentation indicates that the patient t was receiving manual therapy techniques in physical therapy. The guidelines recommend up to 10 PT visits for this condition. The physical therapy treatment note dated 12/17/14 was noted to be the twenty first visit. The diagnoses was cervicalgia. A review of the documentation does not reveal extenuating circumstances that would require 8 more supervised therapy visits. The patient should be competent in a home exercise program at this point. Due to the fact that additional physical therapy is not necessary the request for manual therapy techniques for the cervical spine, twice weekly, eight sessions total is also not medically necessary.

Hot or cold packs for the cervical spine, twice weekly, eight sessions total: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 174, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Hot or cold packs for the cervical spine, twice weekly, eight sessions total is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS ACOEM Guidelines. The MTUS ACOEM states that for cervical spine symptom control at-home local applications of cold packs during first few days of acute complaints; thereafter, applications of heat packs can be used. The MTUS ACOEM Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat/cold applicatons. The request for hot or cold packs was to be used in supervised physical therapy. A review of the documentation does not reveal extenuating circumstances that would require 8 more supervised therapy visits. The patient should be competent in a home exercise program at this point. There is no reason the patient cannot use at home local applications of heat or cold. Furthermore, due to the fact that supervised therapy is not medically necessary, the request for hot or cold packs to the cervical spine is not medically necessary.

Electrical stimulation for the cervical spine, twice weekly, eight sessions total: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 and 174, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Electrical stimulation for the cervical spine, twice weekly, eight sessions total is not medically necessary per the MTUS Guidelines. The MTUS ACOEM 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, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units,

And biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The request for electrical stimulation was to be used in supervised physical therapy. A review of the documentation does not reveal extenuating circumstances that would require 8 more supervised therapy visits. The patient should be competent in a home exercise program at this point. Furthermore, due to the fact that supervised therapy is not medically necessary, the request for electrical stimulation for the cervical spine, twice weekly, eight sessions total is not medically necessary.

Self care management training 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: Self care management training for the cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 PT visits for this condition. The physical therapy treatment note dated 12/17/14 was noted to be the twenty first visit. The diagnoses was cervicgia. A review of the documentation does not reveal extenuating circumstances that would require more supervised therapy visits. The patient should be competent in a home exercise program at this point. The request for self care management training does not indicate a quantity and due to the fact that the patient has had extensive therapy and should be competent in a home exercise program, this request is not medically necessary.

Physical therapy re-evaluation for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Physical therapy re-evaluation for the cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The physical therapy treatment note dated 12/17/14 was noted to be the twenty first visit. The diagnoses was cervicgia. A review of the documentation does not reveal extenuating circumstances that would require 8 more supervised therapy visits. The patient should be competent in a home exercise program at this point. The request for additional therapy is not medically necessary, therefore the request for physical therapy re-evaluation for the cervical spine is not medically necessary.