

Case Number:	CM15-0012880		
Date Assigned:	01/30/2015	Date of Injury:	05/05/2009
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/22/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on May 5, 2009. The diagnoses have included cervical spine disc rupture, thoracic spine disc bulges, failed right shoulder surgery, and left shoulder strain. Treatment to date and current medications were not included in the provided medical records. On December 17, 2014, the treating physician noted neck and bilateral shoulder pain. The physical exam revealed tenderness of the cervical spine, thoracic spine, and bilateral shoulders. Sensation of the left lateral shoulder left fingers was intact. On January 6, 2015 Utilization Review non-certified a prescription for 12 visits (2 x 6) of physical therapy for the bilateral shoulders, cervical spine, and thoracic spine, noting the lack of documentation of specific objective findings including range of motion or strength deficits or goals, or functional deficits or goals. In addition, there was lack of documentation of objective positive response to prior physical therapy. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for bilateral shoulders, cervical & thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck; physical medicine

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks, Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "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); (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do indicate any prior physical therapy. There is insufficient documentation on the function benefit of the prior sessions and the goals for the requested sessions. As such, the request for Physical therapy 2 x 6 for bilateral shoulders, cervical & thoracic spine is not medically necessary.