

Case Number:	CM15-0114383		
Date Assigned:	06/22/2015	Date of Injury:	08/24/2009
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 55-year-old female who sustained an industrial injury on 08/24/2009. The injured worker was diagnosed with neck sprain/strain, cervicgia, left shoulder sprain/strain and brachial neuritis/radiculitis. Treatment to date has included diagnostic testing, psychotherapy, detoxification and rehabilitative services for chemical dependency, cervical epidural steroid injections, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, Work Hardening Program and medications. According to the primary treating physician's progress report on May 5, 2015, the injured worker continues to experience neck pain radiating to the left shoulder and left arm. The injured worker rates her pain level at 4/10 with medications. Examination of the left shoulder demonstrated tenderness over the left scapula and trapezius muscles with full painless range of motion. The cervical spine examination revealed decreased and painful range of motion with Spurling's maneuver causing radicular symptoms of the C6 area. The spinous process was noted to be tender on the left side at C6 with negative Adson's test. The injured worker received a trigger point injection into the superficial musculature. Current medications are listed as Ultracet, Gabapentin, Celexa and Bupropion. Since her recovery program, the injured worker has stopped Norco, Flexeril, Ultracet and Gabapentin. Treatment plan consists of a trial of Naproxen, electrode replacements for transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program with stretching exercises, follow-up with psychiatrist visits and the current request for physical therapy twice a week for four weeks for the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times wkly for 4 wks, Cervical, Left Shoulder, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, functional status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Physical Therapy, 2 times wkly for 4 wks, Cervical, Left Shoulder, 8 sessions is not medically necessary and appropriate.