

Case Number:	CM15-0114851		
Date Assigned:	06/26/2015	Date of Injury:	10/27/2014
Decision Date:	08/31/2015	UR Denial Date:	06/02/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 10-27-14. She has reported initial complaints of neck, low back and bilateral shoulder injury at work. The diagnoses have included cervical degenerative joint disease (DJD) , lumbar degenerative joint disease (DJD), left shoulder strain and sprain, and right shoulder partial tear rotator cuff. Treatment to date has included medications, activity modifications, 6 physical therapy sessions, other modalities, bracing and home exercise program (HEP). Currently, as per the physician progress note dated 4-24-15, the injured worker complains of pain in the neck that radiates to both arms and low back and radiates into the right leg and foot. She states that she has numbness to the right lower extremity (RLE) leg and foot area. The diagnostic testing that was performed included x-ray of the cervical spine. The objective findings reveal that the cervical spine range of motion with forward flexion is 40 degrees, extension is 10 degrees, rotation right 55 degrees, rotation left 45 degrees, lateral bending right is 20 degrees, and left is 10 degrees. The foraminal compression test is positive, Spurling's test is positive, and there is tightness and spasm also noted. The current medications included Prilosec, Norco, Ultram, Fexmid, and Voltaren. The previous therapy sessions are noted. The physician requested treatment included Physiotherapy for the neck (12-18 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy for the neck (12-18 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in October 2014 and is being treated for neck, low back, and bilateral shoulder and right hand pain. Case notes reference completion of 6 physical therapy treatments. When seen, there was radiating low back pain into the right lower extremity. There was spinal tenderness with decreased range of motion and cervical and trapezius muscle spasms were present. There was Positive cervical compression and Spurling's testing. There was decreased lower extremity strength and sensation. There was shoulder tenderness with decreased range of motion and right rotator cuff tenderness and left shoulder grinding and clicking. Authorization for arthroscopic shoulder surgery and physical therapy for the neck were requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is well in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.