

Case Number:	CM15-0128429		
Date Assigned:	07/14/2015	Date of Injury:	08/06/2013
Decision Date:	09/15/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 61-year-old male with an industrial injury dated 08-09-2013. His diagnoses included cervicalgia, cervical radiculopathy, left shoulder pain with impingement and tendonitis, glenohumeral ligament laxity and history of left shoulder surgery. Prior treatment included diagnostics, shoulder injection, home exercise program and medications. He presented on 10-06-2014 (the record most recent to utilization request) with complaints of neck and shoulder pain. Medications continue to help. Physical exam noted decreased sensation in the left hand. There was weakness noted in left grip and triceps. There was tenderness to palpation over the cervical paraspinal muscles, upper trapezius and scapular border. Hawkins, cross body and O'Brien's tests were positive in the left shoulder. MRI of the cervical spine (as documented by the provider) showed a 2 mm disc bulge at cervical 2-3. EMG (as documented by provider) showed cervical 7 radiculopathy. Treatment plan is for: Therapeutic exercises, twice weekly, cervical spine, left shoulder. Physical therapy re-evaluation and treatment, twice weekly for 6 weeks, cervical spine, left shoulder. Neuromuscular reeducation, twice weekly, cervical spine, left shoulder. Biofeedback training by any modality, twice weekly, cervical spine, left shoulder

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy re-evaluation and treatment, twice weekly for 6 weeks, cervical spine, left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy e-evaluation and treatment, twice weekly for 6 weeks, cervical spine, and left shoulder in this individual with chronic pain.

Therapeutic exercises, twice weekly, cervical spine, left shoulder: 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 9792.20 & 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain to include therapeutic exercises, twice weekly, cervical spine, and left shoulder.

Neuromuscular reeducation, twice weekly, cervical spine, left shoulder: 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 9792.20 & 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain to include neuromuscular reeducation, twice weekly, cervical spine, and left shoulder.

Biofeedback training by any modality, twice weekly, cervical spine, left shoulder: 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 9792.20 & 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain to include biofeedback training by any modality, twice weekly, cervical spine, and left shoulder.