MAXIMUS Federal Services

Case Number:	CM15-0129716		
Date Assigned:	07/30/2015	Date of Injury:	10/09/2013
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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 52 year old female, who sustained an industrial injury on 10-9-13. Initial complaint was of a right upper extremity injury. The injured worker was diagnosed as having cervical radiculopathy; Stage III right shoulder impingement; history left shoulder rotator cuff repair. Treatment to date has included status post right shoulder arthroscopic subacromial decompression-debridement (8-12-14); physical therapy; medications. Diagnostics studies included EMG/NCV study upper extremities (4-13-15); MRI cervical spine (5-21-15). Currently, the PR-2 notes dated 4-6-15 indicated the injured worker is present for a follow-up visit. The provider notes he has a MRI report that shows degenerative changes from C4-C7, mild changes at C5-6 and C6-7. C5-6 seems to be the worst and both right and left foramina he notes are clearly tight. The provider documents they call it moderate impingement in the foramen based on the MRI scan. He remarks he only has the report and would like to review the images. He documents based on the report and the fact that she has an EMG that shows acute changes and irritation, a C6 radiculopathy this gives reason to think her neck pain, arm pain and the thumb numbness are all related to the C6 root. On physical examination the provider documents confirmed neck pain that is severely bothering her, muscle tightness and restriction of range of motion, positive Spurling's test with numbness down the thumb, pain down the arm into the index and to the thumb on the right side, these all are indicators of radiculopathy. He would like to do a diagnostic C6 root block and facet block on the right side to calm down the one region of pain as a diagnostic block to see if this would in fact take care of all of the arm pain and mitigate the issues that may part of carpal tunnel or part C6 root. He will evaluate the

options after the block. The provider is requesting authorization of Physical Therapy 2 x a week for 4 weeks, Cervical, quantity 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x a week for 4 weeks, Cervical, quantity 8: Upheld

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

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

Decision rationale: 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, 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. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2013 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2 x a week for 4 weeks, Cervical, quantity 8 is not medically necessary and appropriate.