

Case Number:	CM15-0172584		
Date Assigned:	09/14/2015	Date of Injury:	02/16/2009
Decision Date:	10/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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 58 year old female, who sustained an industrial injury on February 16, 2009. She reported neck pain, bilateral shoulder pain and bilateral upper extremity pain with associated tingling and numbness down the bilateral upper extremities and into the hands. The injured worker was diagnosed as having herniated nucleus pulposus of the cervical spine, status post right shoulder subacromial decompression and distal clavicle resection, status post left shoulder subacromial decompression and distal clavicle resection, left ulnar neuritis, right ulnar neuritis, stress, anxiety, internal disorders including gastric and liver and status post ACDF of the cervical 4-7 region on April 19, 2014. Treatment to date has included diagnostic studies, multiple surgical interventions, and medications. Currently, the injured worker continues to report headaches, neck pain, bilateral shoulder pain and bilateral upper extremity pain with associated tingling and numbness down the bilateral upper extremities and into the hands. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on July 10, 2015, revealed continued pain as noted. She rated her pain at 6-7 on a 1-10 scale with 10 being the worst. She rated her headaches at 8 on a 1-10 scale with 10 being the worst. Cervical spine range of motion was noted as flexion at 45 out of 50 degrees, extension at 35 out of 60 degrees and lateral rotation at 65 out of 80 degrees bilaterally. Medications were continued. Evaluation on August 14, 2015, revealed continued pain as noted. She rated her pain at 7 on a 1-10 scale with 10 being the worst. She noted the pain was decreased to 4-6 on a 1-10 scale with 10 being the worst with the use of medications. It was noted she was not working at the time. Cervical spine range of motion was

noted as flexion at 40 out of 50 degrees, extension at 35 out of 60 degrees and lateral rotation at 65 out of 80 degrees bilaterally. Medications were continued and physical therapy was recommended for the cervical spine and bilateral shoulders. The RFA included requests for Physical therapy for cervical spine & Bilateral shoulders 2x/week for 4 weeks, 8 sessions and was modified on the utilization review (UR) on August 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for cervical spine & Bilateral shoulders 2x/week for 4 weeks, 8 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 injury in February 2009 and underwent a multilevel anterior cervical decompression and fusion in April 2014 and also has a history of bilateral subacromial decompression surgeries. When seen, she was having frequent flare ups of neck pain. She was having radiating symptoms into the upper extremities. There had been no new injury or accident. Medications were providing improvement in pain and function. Physical examination findings included cervical paraspinal and upper trapezius muscle tenderness with muscle spasms and multiple trigger points. There was decreased and painful cervical spine range of motion. She had decreased shoulder range of motion with anterior shoulder tenderness. The claimant is being treated for chronic pain with no new injury. 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 in excess of that recommended or what might be needed to determine whether continuation of physical therapy was necessary or likely to be effective. The request was not medically necessary.