

Case Number:	CM15-0173636		
Date Assigned:	09/15/2015	Date of Injury:	02/09/2015
Decision Date:	10/22/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 47 year old male sustained an industrial injury on 2-9-15. Documentation indicated that the injured worker was receiving treatment for right shoulder sprain and strain with tendinosis, right foot sprain and strain, cervical spine pain and lumbar spine pain. Previous treatment included physical therapy, interferential unit and medications. The number of previous physical therapy sessions was unclear. Electromyography and nerve conduction velocity test of bilateral upper extremities (6-26-15) was normal. In a PR-2 dated 3-30-15, the injured worker complained of pain in the neck, mid back, upper back, low back, right shoulder and right foot. The injured worker rated his back, neck and shoulder pain 8 out of 10 on the visual analog scale and right foot pain 5 out of 10. Physical exam was remarkable for cervical spine, thoracic spine and lumbar spine with grade 2 tenderness to palpation over the paraspinal musculature with palpable spasms, trigger points and positive cervical compression test, right shoulder with grade 2 tenderness to palpation, "restricted" range of motion and positive supraspinatus test and right foot with grade 2 tenderness to palpation. The injured worker reported that his function and activities of daily living had improved 10% with physical therapy. The injured worker had completed 6 sessions of physical therapy. The treatment plan included continuing physical therapy for the cervical spine, thoracic spine, lumbar spine and right shoulder twice a week for six weeks. In a PR-2 dated 8-19-15, the injured worker complained of ongoing pain and limited range of motion of the right shoulder. Physical exam was remarkable for "significant loss of range of motion of the right shoulder with markedly positive impingement syndrome of the right shoulder," 3 out of 5 abduction power and 4- out of 5 external rotation power. The physician

stated that the injured worker had completed one session of physical therapy. The treatment plan included magnetic resonance imaging right shoulder, completing physical therapy, a general surgeon consultation for left inguinal hernia and continuing medications (Relafen, Prilosec and Terocin patches). On 8-31-15, Utilization Review noncertified a request for physical therapy twice a week for four weeks for the cervical spine, lumbar spine and right 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 a week for 4 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Per the ODG guidelines: Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks. Per progress report dated 3/30/15, it was noted that the injured worker had completed 6 of 12 sessions of physical therapy. While it is noted that he reported that his function and activities of daily living had improved 10%, there were no objective measures of improvement documented. The request for additional physical therapy would be in excess of the guidelines recommendation. Furthermore, the injured worker should have been transitioned to a self-directed home exercise program at this point. The request is not medically necessary.

Physical therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of

compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks. Per progress report dated 3/30/15 it was noted that the injured worker had completed 6 of 12 sessions of physical therapy. While it is noted that he reported that his function and activities of daily living had improved 10%, there were no objective measures of improvement documented. The request for additional physical therapy would be in excess of the guidelines recommendation. Furthermore, the injured worker should have been transitioned to a self-directed home exercise program at this point. The request is not medically necessary.

Physical therapy 2 times a week for 4 weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Sprained shoulder; rotator cuff (ICD9 840; 840.4): Medical treatment: 10 visits over 8 weeks. Medical treatment, partial tear: 20 visits over 10 weeks. Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks. Per progress report dated 3/30/15, it was noted that the injured worker had completed 6 of 12 sessions of physical therapy. While it is noted that he reported that his function and activities of daily living had improved 10%, there were no objective measures of improvement documented. The request for additional physical therapy would be in excess of the guidelines recommendation. Furthermore, the injured worker should have been transitioned to a self-directed home exercise program at this point. The request is not medically necessary.

