

Case Number:	CM15-0042048		
Date Assigned:	03/12/2015	Date of Injury:	12/01/2012
Decision Date:	06/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 56-year-old woman sustained an industrial injury on 12/1/2012. The mechanism of injury is not detailed. Diagnoses include cervical herniated nucleus pulposus and right shoulder impingement. Treatment has included oral medications. Physician notes dated 2/24/2015 show complaints of increased cervical spine pain and tightness. Recommendations include physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 (cervical, right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck & Upper Back Procedure, Online Version, Physical Therapy; TWC Shoulder Procedure Summary, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks (to the cervical and right shoulder) is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are degenerative disc disease cervical spine; rotator cuff tear, impingement syndrome acromioclavicular joint arthrosis right shoulder; status post arthroscopic rotator cuff repair, debridement with excision of distal clavicle right shoulder. An MRI of the cervical spine showed: multilevel discogenic degenerative changes in the cervical spine; mild to moderate foraminal narrowing left C3 - C4 and C6 - C7; mild posterior disc osteophyte ridging and minimal posterior distal protrusion at C4 - C5 with a mild 2 millimeter broad-based posterior disc osteoarthritic ridging at C6 - C7. The documentation shows the worker had the aforementioned arthroscopy on April 3, 2013. The injured worker had preoperative physical therapy and extensive postoperative physical therapy. The exact number of therapy sessions is unclear based on the documentation. The qualified medical examination (QME) performed on March 28, 2014 recommended an additional 12 physical therapy sessions at two times per week times six weeks. According to a progress note, February 24 2015, subjectively the injured worker has increased cervical pain and tightness with a decrease in ADLs. The documentation does not specify the specific activities of daily living that are affected. Objectively, the handwritten entries are largely illegible except for rhomboid tightness, decreased range of motion and the positive Spering. The injured worker appears to have received a significant number of physical therapy sessions to date, however, the total number of sessions and session progress notes are not documented in the medical record. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted (February 24, 2015). Consequently, absent clinical documentation with evidence of objective functional improvement, the total number of physical therapy sessions to date, physical therapy progress notes and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times six weeks (to the cervical and right shoulder) is not medically necessary.