

Case Number:	CM15-0049663		
Date Assigned:	03/23/2015	Date of Injury:	08/27/2014
Decision Date:	06/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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:

The injured worker is a 58 year old male who sustained an industrial injury on 08/27/2014. Diagnoses include severe cervical straining-rule out central canal stenosis with root impingement, bilateral impingement syndrome, possible supraspinatus tendon tears, stenosis A1 pulley right long finger, and stenosis A1 pulleys left index, long and right finger. Treatment to date has included diagnostic studies, medications, injections, and physical therapy. A Magnetic Resonance Imaging of the cervical spine done on 11/04/2014 revealed a minor annular bulge of the C4-5, and mild annular bulge of the C6-7 intervertebral discs. No central canal stenosis. There is moderate right C6-7 neural foraminal narrowing. Cervical spine x rays done on 09/03/2014 showed mild chronic C6-C7 disc degenerations and C5-C6 facet arthrosis. A physician progress note dated 02/19/2015 documents the injured worker has pain in his neck, shoulders, triggering in all digits except thumbs, and he is positive for parenthesis of his hands. Bilateral shoulders are weak. There is positive drop arm, Hawkins, Spurling's, and severe pain with elevation. He has active triggering in digits 2-5 left greater than right. It is documented in this note that x rays of the left shoulder demonstrates severe narrowing at the acromioclavicular joint with humeral head migration. Treatment requested is for physical therapy 2 times a week for 3 weeks cervical spine.

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 3 Weeks Cervical Spine: Upheld

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

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 section, Physical medicine.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the cervical spine 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are stenosis A1 pulley right long finger; stenosis A1 pulley left index, long and ring finger; severe cervical strain rule out central canal stenosis with impingement; bilateral impingement syndrome possible supraspinatus tendon tears. Documentation according to a November 12, 2014 progress note shows the injured worker received 12 physical therapy sessions (three times per week times four weeks to the cervical spine). The physical therapy progress notes do not contain objective evidence of functional improvement. A physical therapy progress report does not contain evidence of objective functional improvement. A February 19, 2015 progress note (request for authorization date March 5, 2015) indicates the injured worker had pain in the neck and shoulders with severe triggering. The documentation indicates failed physical therapy (to the shoulders). There is pending authorization for a cervical epidural steroid injection. There is no objective functional improvement document or record. Additionally, there is no physical examination of the cervical spine in the medical record. The documentation (February 19, 2015) contains objective evidence referencing predominantly the shoulders. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy two times per week times three weeks to the cervical spine is not medically necessary.