

Case Number:	CM15-0065279		
Date Assigned:	04/13/2015	Date of Injury:	06/23/2012
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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 46-year-old female, who sustained an industrial/work injury on 6/23/12. She reported initial complaints of pain in the neck and shoulder. The injured worker was diagnosed as having cervical spondylosis, and cervical radiculopathy. Treatment to date has included medication, joint mobilization, surgery left shoulder arthroscopy with subacromial decompression and synovectomy on 3/7/13) and physical therapy, and therapeutic exercises. MRI results were reported on 4/25/13. X-Rays results were reported on 12/17/12. Currently, the injured worker complains of continued neck and shoulder pain. Per the primary physician's progress report (PR-2) on 1/19/15, the injured worker remains symptomatic over the cervical spine, able to rotate her cervical spine 60 degrees, bilaterally, shoulder abduction strength is 5/5, bilaterally. There is tenderness along the cervical spine. The requested treatments include continue Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy X12 visits: 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 -Neck and Upper.

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) Pain Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued physical therapy times 12 visits 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 cervical radiculopathy; and cervical spondylosis. The documentation in the medical record and the utilization review shows the injured worker received a total of 59 physical therapy sessions to date. From 2012 to 2014, the injured worker received 47 physical therapy sessions and, in 2015, the injured worker received 12 sessions of physical therapy. The treating physician states additional physical therapy is clinically warranted to avoid surgery. This was discussed in a peer-to-peer conference call on March 24, 2015. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. There is no documentation evidencing objective functional improvement with ongoing physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement (59 physical therapy sessions) with compelling clinical facts indicating additional physical therapy is clinically indicated, continued physical therapy times 12 is not medically necessary.