

Case Number:	CM15-0067754		
Date Assigned:	04/15/2015	Date of Injury:	06/15/2011
Decision Date:	06/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/09/2015

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 67 year old female with an industrial injury dated 06/15/2011. Her diagnoses included cervical sprain and derangement of joint (not otherwise specified) of shoulder. Prior treatments included physical therapy, left shoulder surgery, acupuncture, home exercise program and medications. She presented on 03/09/2015 for follow up of right shoulder. She reported improved range of motion in her right shoulder. She had completed physical therapy 3 weeks prior. The provider documented the injured worker's improvement had ceased and she was starting to regress. Physical exam revealed tenderness to palpation of the cervical spine with spasms present. Range of motion was restricted. There was tenderness to pressure over the bilateral shoulders. Treatment plan included physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week for 4 Weeks for Cervical Spine: Upheld

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

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 is nearly 4 years status post work-related injury and continues to be treated for chronic shoulder, neck, and back pain. When seen, she had completed physical therapy for the shoulders. The assessment references the claimant as not having had therapy for three weeks and starting to regress. Physical examination findings included decreased shoulder and spinal range of motion with positive impingement testing. There was paraspinal muscle tenderness with spasms. 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 and therefore not medically necessary.

Physical Therapy 3 Times A Week for 4 Weeks for Right Shoulder: Upheld

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

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 is nearly 4 years status post work-related injury and continues to be treated for chronic shoulder, neck, and back pain. When seen, she had completed physical therapy for the shoulders. The assessment references the claimant as not having had therapy for three weeks and starting to regress. Physical examination findings included decreased shoulder and spinal range of motion with positive impingement testing. There was paraspinal muscle tenderness with spasms. 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 claimant has recently completed physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. In this case, since the claimant is reported as having regressed after completing treatments, this would indicate that the therapy had been effective but that there had been a lack of follow-through with an independent home exercise program or that such a program would be ineffective. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.

Physical Therapy 3 Times A Week for 4 Weeks for Low Back: Upheld

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

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 is nearly 4 years status post work-related injury and continues to be treated for chronic shoulder, neck, and back pain. When seen, she had completed physical therapy for the shoulders. The assessment references the claimant as not having had therapy for three weeks and starting to regress. Physical examination findings included decreased shoulder and spinal range of motion with positive impingement testing. There was paraspinal muscle tenderness with spasms. 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 and therefore not medically necessary.