

Case Number:	CM15-0069030		
Date Assigned:	04/16/2015	Date of Injury:	05/20/2013
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/13/2015

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

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:

This 54 year old female sustained an industrial injury to the neck, back, head and left shoulder on 5/20/13. Previous treatment included magnetic resonance imaging, rotator cuff repair, physical therapy, injections and medications. In an orthopedic initial evaluation dated 2/20/15, the injured worker complained of severe cervical spine pain with radiation to the shoulder blades and left hand associated with numbness, tingling and left shoulder pain with radiation to the upper arm. The injured worker also reported headaches, dizziness, memory loss, sleep disruptions. Current diagnoses included cervical spine sprain/strain with radicular complaints, loss of lordosis, spondylitic changes at C4-5, rule out herniated nucleus pulposus and left shoulder sprain/strain status post left shoulder surgery, rule out impingement. The treatment plan included magnetic resonance imaging cervical spine and lumbar spine, bilateral upper extremity electromyography, physical therapy for the cervical spine twice per week for six weeks and a neurological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Preface and Neck Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of 6 sessions of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears that there is no prior use of PT for the cervical spine. While a few sessions of PT would be appropriate as a trial, the request exceeds the amount of PT recommended by the CA MTUS and ODG and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.