

Case Number:	CM15-0079189		
Date Assigned:	04/30/2015	Date of Injury:	06/28/2011
Decision Date:	05/29/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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 65 year old male, who sustained an industrial injury on 06/28/2011. The injured worker is currently diagnosed as having re-tear of left rotator cuff repair and cervical degenerative disc disease with left radiculopathy. Treatment and diagnostics to date has included left shoulder MRI, physical therapy, daily exercise, low back support, and medications. In a progress note dated 02/29/2015, the injured worker presented with complaints of neck, low back, and leg pain. The treating physician reported requesting authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 6 sessions, 2 times weekly for 3 weeks, Cervical Spine: 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 & Upper Back - Physical Therapy (PT).

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 therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for three weeks, 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 cervicothoracic sprain/strain; left biceps tendon/rupture; lumbosacral sprain/strain; and acute/lumbar disc protrusion left. The closest note to the request for authorization date (April 7, 2015) is a progress note dated February 24, 2015 (the most recent progress note the medical record. Subjectively, the injured worker complains of neck pain that is slightly worsened. The back pain is the same as November 13, 2014. Objectively, the treating provider states there is reduced range of motion in the neck and lower back. There were no other objective findings documented. There was no documentation of prior physical therapy in the medical record. There was no documentation indicating objective functional improvement with prior physical therapy. There are no physical therapy progress notes in the medical record. There was no documentation of the total number of previous physical therapy sessions to date. Consequently, absent clinical documentation with prior physical therapy progress notes, total number of physical therapy sessions received, evidence of objective functional improvement, physical therapy two times per week for three weeks to the cervical spine is not medically necessary.