

Case Number:	CM15-0093164		
Date Assigned:	05/19/2015	Date of Injury:	09/15/2006
Decision Date:	08/31/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/14/2015

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 52 year old female, who sustained an industrial injury on September 15, 2006, incurring, left shoulder, upper and lower back and knee injuries. She was diagnosed with left shoulder rotator cuff syndrome, cervical disc disease with myelopathy, lumbar disc disease with myelopathy, internal derangement of the knee and meniscus tear of the knee. Treatment included physical therapy, topical compound analgesic creams, neuropathic medications, and transcutaneous electrical stimulation unit and activity restrictions. Currently, the injured worker complained of ongoing shoulder, neck and back pain radiating into the upper and lower extremities. She noted difficulty in changing positions when walking, sitting, standing and performing her daily activities of living. The treatment plan that was requested for authorization included physiotherapy for the cervical spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy cervical, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 98-99.

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 Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to cervical and bilateral shoulders 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 rotator cuff syndrome shoulder; cervical IVD disorder with myelopathy; lumbar IVD disorder with myelopathy; internal derangement of the knee; and tear of the medial cartilage or meniscus of knee. The documentation indicates the injured worker has participated in physical therapy in the past. The total number of physical therapy sessions is not specified in the medical record. The number of physical therapy sessions designated to the cervical spine and bilateral shoulders is not delineated in the medical record. According to an April 9, 2015 progress note, the treating provider (initial encounter) is requesting prior medical records. The medical records from prior treatment have not been reviewed at the time of the request for additional physical therapy. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically warranted. Consequently, absent clinical documentation evidencing a review of prior medical records, total number of physical therapy sessions to date, documentation demonstrating objective functional improvement from prior physical therapy and no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically warranted, physical therapy to cervical and bilateral shoulders is not medically necessary.