MAXIMUS Federal Services

Case Number:	CM15-0093695		
Date Assigned:	05/20/2015	Date of Injury:	11/15/2000
Decision Date:	07/03/2015	UR Denial Date:	04/17/2015
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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 53 year old female, who sustained an industrial injury on 11/15/2000. According to a progress report dated 03/11/2015, the injured worker under went right palmer scar surgery on 01/15/2015. She completed hand therapy x 3 sessions. She reported no significant change with her neck and right shoulder pain. She complained of altered sleep. Physical examination of the neck demonstrated cervical flexion was slightly increased to 25 degrees. Extension remained at 15 degrees. Right side bending remained at 10 degrees. Left side bending remained at 20 degrees. Right rotation increased to 45 degrees. Left rotation increased to 30 degrees. There was cervical paraspinal and suprascapular spasm. Assessments included partial response to physical therapy, rule out right full thickness rotator cuff tear with retraction, adhesive capsulitis, recurrent myofascial pain syndrome, rule out left elbow recurrent subluxation, rule out right wrist degenerative joint disease and/median cutaneous branch entrapment/hypersensitive hand scar, status post right nerve conduct wrap and neurolysis, digital index and long fingers common digital nerve neuroplasty on 01/15/2015 and rule out left knee degenerative joint disease. Diagnoses included strain of rotator cuff capsule, adhesive capsulitis of shoulder, lesion of ulnar nerve and trigger finger (acquired). The provider noted that the injured worker needed physical therapy at a different facility. She was given an updated prescription for 12 sessions of physical therapy (neck rehabilitation). The treatment plan included medications, continuance of isometric cervical exercises and continuance of hand therapy. Currently under review is the request for physical therapy x 12 sessions for the neck. The medications listed are Cymbalta, Rozerem and clonidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 Sessions for The Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy can be utilized for the treatment of musculoskeletal when standard treatments with medications, exercise and behavior modification. The guidelines recommend that patients progress to a home exercise program after completion of supervised PT and rehabilitation programs. The records indicate that the patient had completed supervised PT and rehabilitation programs. There is no documentation of exacerbation or re-injury that requires a repeat of the supervised PT or rehabilitation program. The criteria for the neck physical therapy (PT) X 12 was not met. Therefore, the request is not medically necessary.