

Case Number:	CM15-0094589		
Date Assigned:	05/20/2015	Date of Injury:	10/03/2014
Decision Date:	06/29/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 46 year old female, who sustained an industrial injury on 10/03/2014. She reported unbearable pain in her wrists. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having cervical spine myoligamentous sprain/strain, cervical spondylosis, bilateral carpal tunnel syndrome, right shoulder adhesive capsulitis, lumbar disc protrusions, and lumbar spine myoligamentous sprain/strain. Treatment and diagnostics to date has included cervical spine MRI showed a disc osteophyte with severe spinal stenosis, cord compression, and foraminal stenosis, right shoulder MRI showed a high-grade partial thickness rotator cuff tear, electromyography/nerve conduction velocity studies which showed mild bilateral carpal tunnel syndrome, right shoulder cortisone injection, and medications. In a progress note dated 03/23/2015, the injured worker presented with complaints of neck pain that radiates to the upper extremities, right shoulder pain, and low back pain. Objective findings include increased pain with cervical, thoracic, and lumbar spine range of motion. The treating physician reported requesting authorization for physical therapy for the cervical spine and upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Cervical Spine and Upper Extremities, twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The primary treating physician's progress report dated 03/23/15 documented neck pain and right shoulder pain. The neck pain was radiating into the upper extremities. The patient had low back pain. Physical examination revealed no tenderness in the cervical paravertebral muscles and upper trapezius region on the right. The patient was able to flex the neck to 20 degrees. The extension was to 25 degrees. The sensation was intact in the upper extremities. The patient was diagnosed with cervical spine myoligamentous sprain and strain, cervical disc protrusions and spondylosis, cervical spinal stenosis, cervical radiculopathy, carpal tunnel syndrome, right shoulder adhesive capsulitis, lumbar disc protrusions, and lumbar spine myoligamentous sprain and strain. No functional improvement with past PT physical therapy visits was documented in the 3/23/15 progress report. The patient has completed to 12 sessions of physical therapy in 2015. Eight additional physical therapy visits at 2 times a week for 4 weeks were requested. Without documented functional improvement with past physical therapy, the request for additional physical therapy visits is not supported by MTUS guidelines. Therefore, the request for physical therapy is not medically necessary.