

Case Number:	CM15-0094868		
Date Assigned:	05/21/2015	Date of Injury:	10/09/2013
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 10/9/2013. She reported repetitive injury of arms, hands, and neck. The injured worker was diagnosed as having rule out cervical radiculopathy, stage III impingement right shoulder without evidence of gross rotator cuff tear, history of rotator cuff repair of left shoulder. Treatment to date has included electrodiagnostic studies (4/13/2015), left shoulder surgery, magnetic resonance imaging of the neck, physical therapy, and work restrictions. The request is for physical therapy for the cervical spine. On 11/26/2014, she reported doing better and having a gradual improvement regarding her right shoulder. She indicated she was attending therapy and found it to be effective in decreasing her discomfort of the cervical spine. On 4/6/2015, she reported continued neck stiffness, and right shoulder pain that was gradually improving. Physical examination revealed increased tone throughout the cervical paraspinals musculature, and right shoulder can actively forward flex up to 160 degrees, abduct 150 degrees, and externally rotate 60 degrees with minimal discomfort. On 4/13/2015, electrodiagnostic studies confirm cervical radiculopathy, and bilateral mild carpal tunnel syndrome. The treatment plan included: Motrin, and continue physical therapy. The records are not clear regarding the number of completed physical therapy sessions, or functional improvement from completed sessions. Some pages of the medical records are dated after the UR report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for four weeks for the Cervical Spine QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173-174, 203-204, 234-235, 264, 265, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Preface, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical Therapy two times a week for four weeks for the Cervical Spine QTY: 8 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition with a transition to a home exercise program. The documentation is not clear on the total number of PT sessions this patient has had for her neck and the rationale as to why the patient requires supervision for 8 more PT sessions rather than perform an independent home exercise program. The request for physical therapy is not medically necessary.