

Case Number:	CM15-0095914		
Date Assigned:	05/22/2015	Date of Injury:	04/16/2004
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/18/2015

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: Emergency 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:

This 63-year-old female sustained an industrial injury to the neck, back, knee and shoulder on 4/16/04. The injured worker underwent posterior cervical fascia repair on 10/9/14. Previous treatment included magnetic resonance imaging, left shoulder arthroscopy (2005), left knee arthroscopy (2006), five cervical spine surgeries, physical therapy, injections, ice/heat, home exercise and medications. The injured worker had received extensive physical therapy since her injury in 2004. Documentation did not disclose the total number of previous physical therapy sessions. In a progress note dated 2/4/15, the physician noted that the injured worker had a recent outbreak of cervical shingles that prevented her from participating in neck physical therapy. The injured worker was also having swallowing difficulties from a 2011 cervical surgery. The physician noted that left shoulder magnetic resonance imaging showed a partial rotator cuff tear. In a progress note dated 4/22/15, the injured worker complained of ongoing neck pain and right upper extremity radiculopathy. The injured worker continued to have bad reflux but had not gotten her swallow study yet. The physician noted that the injured worker's physical exam was unchanged. Current diagnoses included cervical pain and hand pain. The treatment plan included physical therapy for the shoulder and cervical spine, postoperative cervical computed tomography, referral to an orthopedic hand specialist and a swallow evaluation.

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, twice a week for six weeks: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (at least 20 was noted) was completed and had reported no improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented. While shingles flared limited prior PT sessions, patient should still be able to continue some home exercise and therapy at home. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 12 physical therapy sessions are not medically necessary.

Orthopedic Hand Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for consultation with hand specialist. Patient has shoulder pain but there no recent documentation of any hand related complaints or problems. No recent electrodiagnostics or imaging of hands was provided to support either carpal tunnel syndrome or injury. The lack of a complete documentation of hand exam or justification does not support referral to a hand specialist. Therefore, the request is not medically necessary.