

Case Number:	CM15-0097016		
Date Assigned:	05/27/2015	Date of Injury:	12/23/2004
Decision Date:	06/25/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 46 year old male sustained an industrial injury on 12/23/04. He subsequently reported right elbow pain. Diagnoses include shoulder right shoulder impingement syndrome, displacement cervical disc without myelopathy, cervicgia and cervical degenerative disc disease. Treatments to date include MRI and x-ray testing, right elbow surgery, physical therapy and prescription pain medications. The injured worker continues to experience neck, back and bilateral shoulder pain. Upon examination, tenderness to palpation was noted over the cervical paraspinals and right elbow. Spurling's maneuver elicits localized neck pain. Decreased range of motion was noted in bilateral shoulders along with impingement signs. A request for 2 Post-operative physical therapy sessions for cervical spine and right upper extremity was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Post-operative physical therapy sessions for cervical spine and right upper extremity:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2004. He continues to be treated for chronic severe neck and bilateral elbow, wrist, and shoulder pain. Treatments included an ulnar nerve transposition and a second elbow surgery. He has undergone cervical epidural injections and a stellate ganglion block. A spinal cord stimulator was tried without benefit. When seen, right shoulder surgery was being considered. Pain was rated at 6-9/10. There was cervical spine and right elbow tenderness with decreased range of motion. He had cervical paraspinal muscle spasms. There was decreased upper extremity strength and sensation. There was positive impingement testing and findings reported consistent with CRPS. Authorization for 10 sessions of physical therapy was requested. The claimant is being treated for chronic pain. There is no new injury or recent surgery. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is not medically necessary.