

Case Number:	CM14-0173526		
Date Assigned:	10/24/2014	Date of Injury:	01/17/2012
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year-old patient sustained an injury on 1/17/12 while employed by [REDACTED]. Request(s) under consideration include PT 2 x 3 weeks for cervical spine. Diagnoses include cervical radiculopathy. Conservative care has included medications, physical therapy (18 sessions), cervical epidural steroid injection (6/19/14), chiropractic treatment, and modified activities/rest. Therapy report of 8/13/14 noted patient completed 10 of 12 PT visits with continued severe right shoulder pain rated at 8-9/10 with limited activities in upper extremities; range noted flex/abd/ER/IR of 150/90/55/60 degrees with severe tenderness at right pectoralis minor, upper trapezius, levator scapulae, teres minor, and rhomboids. Overall progress was noted to be "poor." Treatment plan was to continue with current prescription to complete the 12 visits with instructions in home program. Report from the provider noted the patient with ongoing chronic neck and shoulder pain. Exam of the cervical spine showed limited range in extension with pain, tenderness at right paraspinals C4-5 and C5-6 and over bilateral lateral trapezius; positive left Spurling's; decreased sensation at right C6 dermatome; and intact motor strength at biceps, triceps and grip bilaterally. The request(s) for PT 2 x 3 weeks for cervical spine was non-certified on 9/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 3 weeks for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per.

Decision rationale: This 52 year-old patient sustained an injury on 1/17/12 while employed by [REDACTED]. Request(s) under consideration include PT 2 x 3 weeks for cervical spine. Diagnoses include cervical radiculopathy. Conservative care has included medications, physical therapy (18 sessions), cervical epidural steroid injection (6/19/14), chiropractic treatment, and modified activities/rest. Therapy report of 8/13/14 noted patient completed 10 of 12 PT visits with continued severe right shoulder pain rated at 8-9/10 with limited activities in upper extremities; range noted flex/abd/ER/IR of 150/90/55/60 degrees with severe tenderness at right pectoralis minor, upper trapezius, levator scapulae, teres minor, and rhomboids. Overall progress was noted to be "poor." Treatment plan was to continue with current prescription to complete the 12 visits with instructions in home program. Report from the provider noted the patient with ongoing chronic neck and shoulder pain. Exam of the cervical spine showed limited range in extension with pain, tenderness at right paraspinals C4-5 and C5-6 and over bilateral lateral trapezius; positive left Spurling's; decreased sensation at right C6 dermatome; and intact motor strength at biceps, triceps and grip bilaterally. The request(s) for PT 2 x 3 weeks for cervical spine was non-certified on 9/26/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The PT 2 x 3 weeks for cervical spine is not medically necessary and appropriate.