

Case Number:	CM13-0068881		
Date Assigned:	01/03/2014	Date of Injury:	08/03/2012
Decision Date:	11/17/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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:

The injured worker is a 49 year old female who sustained an industrial injury on 08-03-2012. A review of the medical records indicated that the injured worker is undergoing treatment for complex regional pain syndrome of the left upper extremity, cervicgia and cervical myofascial pain. The injured worker is status post labral repair in 2012. According to the treating physician's progress report on 12-02-2013, the injured worker continues to experience pain between the shoulder blades rated at 8-9 out of 10 on the pain scale and neck pain rated at 7 out of 10 on the pain scale. Examination demonstrated independent movement with neck range of motion noted as 40 degrees forward flexion, 60 degrees extension, right rotation 60 degrees, left rotation 35 degrees, bilateral lateral bending at 40 degrees each. There was good elevation of the shoulders without tremors or drift noted. Pain was not affected by cervical traction or compression. According to the progress note the injured worker is in her last week of therapy for the neck (started on 09-04-2013). According to the review, the injured worker has received at least 13 physical therapy sessions to the left hand and forearm and physical therapy (no quantity documented) in November 2012 for the cervical spine and shoulder. Prior treatments have included diagnostic testing, rheumatology consultation, laboratory blood work, physical therapy, home exercise program and medications. Current medications were listed as Tramadol, Lidoderm and Ultram creams. The injured worker is unable to return to work. Treatment plan consists of continuing home exercise program and the current request for eight (8) additional physical therapy sessions once per week for 8 weeks for the cervical spine. On 12-12-2015 the

Utilization Review determined the request for eight (8) additional physical therapy sessions once per week for 8 weeks for the cervical spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional physical therapy sessions once per week for 8 weeks for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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 August 2013 when she slipped and fell while working as a nurse with injury to the left upper extremity, right hand, left low back, and left hip and thigh. When seen, she had completed physical therapy treatments for CRPS and was completing therapy for her neck. As of 08/21/13 she had attended 14 physical therapy treatments for the left upper extremity. She was evaluated for physical therapy her neck on 09/04/13. Physical therapy was planned one time per week for 4 weeks. On 10/14/13 she was making some progress with physical therapy treatments. Continued therapy 1-2 times per week for another few weeks was recommended. On 12/03/13 she was completing the last week of physical therapy for her neck. She was having pain between the shoulder blades rated at 8-9/10. Physical examination findings included a body mass index over 28. There was decreased cervical spine range of motion. Pain was unaffected by cervical traction or compression. An additional 8 physical therapy treatments were requested. A continued home exercise program was recommended. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.