

Case Number:	CM13-0004454		
Date Assigned:	03/03/2014	Date of Injury:	02/20/2013
Decision Date:	03/28/2014	UR Denial Date:	06/24/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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:

The patient is a 44 year old male laborer with a date of injury of 02/20/2013. He had repetitive motion injuries to the neck, shoulders, and wrists with no acute injury. He had a sprain/strain/impingement of the right shoulder. He took two months off work and had an initial 9 visits of physical therapy. On 04/03/2013 an additional 12 physical therapy visits were ordered. Then he reported pain in the right back of his neck. On 04/16/2013 his left shoulder began to hurt. He worked light duty. On 04/25/2013 the injury was to his shoulders, neck, and wrists. He had decreased range of motion of both shoulders, right worse than left. On 04/29/2013 a right shoulder MRI noted degenerative changes with supraspinatus tendinosis. On 05/20/2013 EMG/NCS revealed mild bilateral carpal tunnel syndrome. On 05/23/2013 he had a MRI of the cervical spine that revealed some degenerative changes. A repeat right shoulder MRI on 05/23/2013 was unchanged but this time a partial thickness supraspinatus tear was described as it was for a left shoulder that day. During the physical therapy he was instructed in a home exercise program. On 06/24/2013 the request for an additional 18 visits of physical therapy was denied. He continued to have physical therapy visits until 07/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS FOR THE BILATERAL SHOULDERS, WRIST AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 201-203, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Shoulder injuries

Decision rationale: MTUS ACOEM for neck injuries suggest one to two physical therapy visits to transition to a home exercise program. MTUS ACOEM for shoulder injuries noted that a few physical therapy visits can serve to educate the patient about an effective exercise program. Also suggesting an early transition to a home exercise program. MTUS chronic pain guidelines suggest a maximum of 10 physical therapy visits and there must be objective documentation of his abilities to do activities of daily living. This patient had physical therapy for months and there was no objective documentation that there was an improvement of his abilities to do activities of daily living. He continued to have shoulder pain. ODG 2014 for sprained shoulder or for impingement/rotator cuff syndrome suggests a maximum of 10 physical therapy visits over 8 weeks. Also for partial rotator cuff tears the maximum is 20 visits over 10 weeks. The patient has already received more physical therapy visits than recommended in any of these guidelines.