

Case Number:	CM13-0005513		
Date Assigned:	11/01/2013	Date of Injury:	10/16/2010
Decision Date:	01/15/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/01/2013

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 Occupational Medicine 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 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:

Claimant is a 56 year old female with date of injury 10/16/2010 that was the result of a fall. She has injuries to her right shoulder and cervical spine. Her diagnoses include 1) cervical spondylosis C5-6 and C6-7 with radiculopathy to right upper extremities 2) right shoulder internal derangement 3) right carpal tunnel syndrome 4) right ankle myoligamentous injury 5) gastritis 6) headaches. Electrodiagnostics on 12/22/2012, however, note that there is no evidence of carpal tunnel syndrome, ulnar nerve entrapment, or cervical radiculopathy. MRI of right shoulder on 4/23/2013 indentified no rotator cuff tear or labral tear, and mild osteoarthritis changes of the acromioclavicular joint. She is noted to be a cervical spine surgical candidate, but is progressing with conservative measures such as chiropractic care and acupuncture. She has had numerous sessions of chiropractic care, acupuncture and physical therapy. The claimant had an exacerbating event in March 2013 while she was at work in training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (8 sessions) for the right shoulder and neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC - Neck - Chiropractic Guidelines

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

Decision rationale: The claimant has chronic neck and right shoulder pain which she has found to benefit from activity, including physical therapy. She has participated in physical therapy, chiropractic care and acupuncture treatments. Her physical therapy sessions have exceeded 24 sessions. Per the Chronic Pain Medical Treatment Guidelines MTUS, passive therapy is recommended to provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling, and also to improve the rate of healing soft tissue injuries. This therapy can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Treatment with physical therapy should include instruction and coaching to implement self-directed home therapy. The claimant has been treated with multiple sessions of active and passive therapy. The most recent exacerbation was in March of 2013. This exacerbation did not involve a new injury. She has not had surgical intervention which may require additional guided physical therapy. Therefore, the request for 8 additional physical therapy sessions for the right shoulder and neck are not medically necessary.