

Case Number:	CM13-0016864		
Date Assigned:	11/06/2013	Date of Injury:	04/24/2008
Decision Date:	02/06/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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:

The patient is a 55-year-old male who reported an injury on 4/24/08. The mechanism of injury was lifting. His initial diagnoses included cervical and trapezial strain, as well as left shoulder strain. His initial treatment included icing 3 times a day, ibuprofen, Soma, and 6 visits of physical therapy. He was released to modified work with no lifting over 15 pounds, and limited use of the upper extremity with no overhead lifting. The patient continued to remain symptomatic throughout 2008, and in August he was diagnosed with rotator cuff tendinosis of the left shoulder with no surgical indications. An MRI of the left shoulder was obtained, which showed thickening of the supraspinatus and infraspinatus tendons, as well as a type-3 acromion with an anterior hook and subacromial spur; there was no evidence of a rotator cuff tear. The patient continued with another course of therapy and made unspecified improvements. It is noted in November 2008 that he was complaining of persistent pain in the left elbow and received a left elbow plasma rich platelet injection. The patient continued to have persistent left arm and elbow pain, so another MRI was performed on 6/11/13. This MRI showed common extensor tendinosis with low grade intrasubstance tearing, mild osteoarthritis of the radiocapitellar joint, small joint effusion, and possible neuritis of the cubital tunnel. An EMG was also performed on 7/2/13 that showed no evidence of cervical root, brachial plexus, or entrapment neuropathies affecting the median, ulnar, or radial nerves in the left upper extremity. The patient continues to have left upper extremity discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy twice a week for four weeks for the neck and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California MTUS guidelines recommend physical therapy to restore flexibility, strength, endurance, function, and range of motion, as well as to alleviate discomfort. Guidelines allow for an initial 6 visits of physical therapy to determine its effectiveness. If the trial period is successful, guidelines allow 8-10 visits for myalgia and myositis, or neuralgia and neuritis, unspecified. The extension of treatment is based upon the availability of objective physical exam findings of increased functional improvement. According to the clinical note dated 7/11/13, the patient does not have any significant deficits in range of motion of the neck or the left shoulder. He is also noted to have negative Spurling's sign, no paresthesias with neck extension, normal reflexes and muscle tone, as well as intact sensation. According to the clinical records, there is no indication of the need for therapy at this time. Also, the current request exceeds guideline recommendations. As such, the request is non-certified.