MAXIMUS Federal Services

Case Number:	CM13-0017064		
Date Assigned:	10/11/2013	Date of Injury:	09/15/2006
Decision Date:	04/04/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/27/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Maryland. 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:

The patient is a 50 year old female who had a work injury dated 9/15/06. The injury occurred when she slipped on grease at work and fell onto her right shoulder and low back. The diagnoses include cervical spine disk disease, lumbar spine disk disease, bilateral shoulder impingement syndrome, visual changes and insomnia, depressive disorder; right wrist internal derangement, gastroesophageal reflux disorder,anxiety,irritable bowel disorder. She has had extensive treatment including chiropractic care, medication management; work restrictions, acupuncture and therapy with persistent complaints of chronic pain. There are requests for physical therapy for the cervical spine and right shoulder. Diagnostic studies include the following: 1/20/11 Electrodiagnostic testing of the Bilateral Lower Extremity was negative 8/16/11 Electrodiagnostic testing of the Bilateral Upper Extremities was negative. 5/12/09 Right shoulder Magnetic Resonance Imaging (MRI) revealed impingement syndrome. 3/17/09 Cervical MRI revealed 2mm disk protrusion at C4-5 disk space and a 3mm disk protrusion at C5-6 disk space, and a 4mm disk protrusion at C6-7 disk space. A 6/24/13 primary treating physician document indicates patient has neck pain rated a 9-10/10 accompanied by bilateral upper extremity numbness/tingling, right shoulder pain rated 8/10 and low back pain rated 9-10/10 with bilateral lower extremity nubmness/tingling.Physical exam reveald decreased cervical spine range of motion; Final Determination Letter for IMR Case Number [redacted] 3 decreased right arm range of motion. The left arm and distal right upper extremity were not tested.Weakness in right shoulder abduction and flexion (the left arm was not tested).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT SHOULDER AND CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy for the right shoulder and cervical spine is not medically necessary per the MTUS guidelines. The guidelines state that up to 10 visits are recommended for patient's condition. The request indicates no indication of a specific number of visits. Additionally, documentation indicates patient has had extensive therapy in the past. There is no evidence of objective improvement in function or decrease in analgesia from the documentation submitted. Patient should be versed in a home exercise program. Without evidence of improvement from prior therapy additional therapy is not medically necessary. The request for physical therapy for the right shoulder and cervical spine is not medically necessary.