

Case Number:	CM13-0018144		
Date Assigned:	01/15/2014	Date of Injury:	03/28/2012
Decision Date:	04/11/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

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 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 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 64 year old male with a date of injury on 03/28/2012. He is a bus driver and attended to a passenger who was falling out of his wheelchair. He pulled at the wheelchair and felt neck pain, right shoulder pain, back pain and right arm pain. On 09/27/2012 he had right shoulder rotator cuff and biceps tendon repair. He made slow progress during physical therapy as noted during the post operative 18th out of 24 physical therapy visits. On 12/11/2012 he received a marcaine/dexamethasone right shoulder injection. On 12/13/2013 he had his 25th post operative physical therapy visit. On 12/18/2012 he had his 36th post operative visit. On 01/08/2013 he had his 32nd post operative physical therapy visit. On 02/14/2013 it was noted that he would need another right shoulder surgery for capsular release and manipulation under anesthesia. On 03/14/2013 he had right shoulder labral flap tear debridement, revision decompression and synovectomy. He also had manipulation under anesthesia. On 05/14/2013 there was improvement. The right shoulder forward flexion was 130 degrees and abduction was 120 degrees. He had 50 degree internal and external rotation. He was to continue 4 more weeks of physical therapy and his home exercise program. On 06/04/2013 the right shoulder forward flexion was 140 degrees and internal/external rotation was 60 degrees. On 07/09/2013 it was noted that he had a cervical sprain/strain. Physical therapy to his shoulder was stopped and there was a request for physical therapy to his neck. On 07/31/2013 he had a cervical spine MRI that revealed degenerative disease with C5-C6 foraminal stenosis. There was also lumbar strain/sprain. On 08/21/2013 2 of the 8 requested physical therapy visits for neck and back were approved for education in a home exercise program. 6 more physical therapy visits for neck and back were approved in 10/10/2013.

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 TO THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: For chronic pain, MTUS allows for a maximum of 10 physical therapy visits. The patient has had 74 physical therapy visits (most for right shoulder) since the injury. It is unclear how many physical therapy visits were received since 07/2013, when neck and shoulder complaints were noted. On 07/09/2013 physical therapy for the right shoulder was discontinued but the patient continued physical therapy through 10/2013. Two additional physical therapy visits were approved for instruction in a home exercise program for the neck and back. At the point in this review, there was no objective documentation provided indicating that continued formal physical therapy is superior to a home exercise program. 8 physical therapy visits is not consistent with MTUS Guidelines. The request for physical therapy twice a week for four weeks for the cervical spine is not medically necessary and appropriate.