

Case Number:	CM13-0026072		
Date Assigned:	04/02/2014	Date of Injury:	12/03/2012
Decision Date:	06/10/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/19/2013

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, has a subspecialty in Pain Management, 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 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 34-year-old with an injury date on December 3, 2012. Based on the July 15, 2013 progress report provided by [REDACTED] the diagnoses are supraspinatus tendinosis with partial tear, left; labral tear, left shoulder; sprain, left shoulder; sprain, left arm; musculoligamentous sprain, L-spine; sprain, left hip; and sprain, left knee. The patient was thrown about in his seat during a motor vehicle accident, later experiencing shoulder, back, and left knee pain per March 18, 2013 report. Exam on April 15, 2013 showed "no tenderness to palpation in C-spine or shoulder. No spasm, pain, or guarding with range of motion in C-spine. Motor strength and sensation normal. Pain with internal rotation, external rotation, flexion and abduction of bilateral shoulders. Spurling's test positive bilaterally, Tinel's and Finkelstein's tests positive on left. " But on July 15, 2013, treater notes a new and "painful and limited range of motion in C-spine." [REDACTED] is requesting physical therapy to the left shoulder and C-spine x 8. The utilization review determination being challenged is dated July 18, 2013. [REDACTED] is the requesting provider, and he provided treatment reports from January 6, 2014 to December 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT SESSIONS OF PHYSICAL THERAPY FOR THE LEFT SHOULDER AND CERVICAL SPINE: Overturned

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: According to the march 18, 2013 report by [REDACTED], this patient presents with "continuous aching and numbness in left shoulder that feels like pins and needles, pain rated at 7/10" and "aching C-spine" according to the July 15, 2013 report. On May 13, 2013, patient still had "continuous pain and discomfort to C-spine. The request is for physical therapy to the left shoulder and C-spine x 8. [REDACTED] has request physical therapy for left shoulder, L-spine, on three prior occasions (April 15, May 13, and June 10, 2013), but there is no indication patient attended physical therapy before June 27, 2013. Review of July 24, 2013 physical therapy report shows patient underwent 6 sessions from June 27 to July 9, 2013 with "increased strength and flexibility, pain less intense." On July 15, 2013, treater states he is requesting authorization to continue: physical therapy 2X4 C-spine and left shoulder. The Chronic Pain Medical Treatment Guidelines state that for myalgia and myositis, 9-10 visits are recommended over eight weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patient has already completed six sessions of physical therapy prior to UR date, but for L-spine and left shoulder. Treater is requesting eight sessions of physical therapy for recent pain in the C-spine, which is reasonable for the Chronic Pain Medical Treatment Guidelines. The request for eight sessions of physical therapy for the left shoulder and cervical spine is medically necessary and appropriate.