

Case Number:	CM13-0029307		
Date Assigned:	11/01/2013	Date of Injury:	09/17/2007
Decision Date:	02/03/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 54 year old female with a date of injury of 09/17/2007. The progress report dated 8/13/13 by ██████ noted that the patient's diagnoses include: cervical thoracic strain/arthrosis with possible neural encroachment, right shoulder impingement syndrome with acromioclavicular joint arthrosis and possible rotator cuff tear, lateral cubital tunnel syndrome/ right elbow lateral epicondylitis. She is status post bilateral carpal tunnel surgery and right Quervain's release. The patient continued with neck pain and right shoulder pain. It was noted that the patient underwent a short course of physical therapy for the cervical spine and right shoulder which initially reduced her pain level by 50%, increased her flexibility and strength, and decreased pain medication consumption. Physical examination shows tenderness in the acromioclavicular joint region. She has had a positive Hawkins test, and positive Neer's test. Her bilateral hands, wrist and elbows reveal positive Tinel sign bilaterally, positive Phalen's sign bilaterally with thenar weakness bilaterally. Utilization review dated 08/29/2013 denied the request for physical therapy stating that the patient has completed previous physical therapy but does not identify specific musculoskeletal deficits that would prevent safe and effective transition to a self-directed home exercise program. Authorization for 6 physical therapy sessions was certified on 06/28/2013. The request is for 12 additional physical therapy visits for the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions (2 x 6), cervical spine and right shoulder: Upheld

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

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

Decision rationale: The progress report dated 8/13/13, noted that the employee continued with neck pain and right shoulder pain. The employee had recently undergone a short course of physical therapy for the cervical spine and right shoulder which initially reduced the pain level by 50%, increase flexibility and strength, and decreased pain medication consumption. An additional 12 sessions of physical therapy was requested. This was denied by utilization review as there were no musculoskeletal deficits that would prevent safe and effective transition to a self-directed home exercise program. The MTUS guidelines allow for up to 10 sessions of therapy for sprains/strains, myalgia, neuritis, and radiculitis, the kinds of diagnoses this employee has. There is no evidence that the employee recently underwent any surgery for the cervical spine or right shoulder. The records indicate that the employee was authorized for six physical therapy visits on 6/28/13, the additional 12 physical therapy visits requested combined with the 6 previous therapy visits exceeds the guidelines noted above. Therefore recommendation is for denial.