

Case Number:	CM13-0030935		
Date Assigned:	11/27/2013	Date of Injury:	09/01/2005
Decision Date:	01/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine 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 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, right-hand female who states she sustained an injury to her neck and left shoulder while performing the usual and customary job duties for her occupation as a records clerk for the [REDACTED]. According to an examination of the cervical spine on April 12, 2013 the patient exhibits decreased cervical range of motion with left rotation 65 degrees and right rotation 70 degrees. There is a palpable trigger point with spasm overlying the left greater than right trapezius musculature. Palpation over these areas radiates discomfort in the base of the neck towards the shoulders, biceps, and left upper arm in a C6 dermatomal distribution. There is a positive Spurling maneuver, left greater than right, with pain and paresthesia radiating from the base of the neck towards her shoulders and upper arms in a C6 dermatomal pattern, left greater than right. Sensation is slightly diminished to light touch overlying the base of the neck, shoulders, biceps, and left upper arm in a C6 dermatomal distribution. She occasionally rubs her left posterior neck soft tissues. The Patients diagnosis included Cervical/trapezius strain; presence of left C5 -C6 disc osteophyte complex with slight impingement upon the left C6 nerve root per an August 11, 2006 MRI; status post multiple trapezius musculature trigger point injections; no electro diagnostic evidence of cervical axonal motor radiculopathy per a June 25, 2010 and a July 21, 2011 electrodiagnostic studies; cervical radiculitis; recent exacerbation of prior permanent and stationary state. According to a comprehensive initial orthopedic evaluation on May 9, 2013 the patient complains of constant right shoulder pain which is increased in the mornings when she awakes. The pain radiates from the right shoulder into the cervical spine resulting in a heavy-like sensation with stiffness. She has difficulty with forward and overhead activity and with full rotation of the right shoulder. She is abl

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 3 weeks for the left Shoulder, PR-2 dated September 10, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 130.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Neck, Physical therapy.

Decision rationale: Both the California MTUS guidelines and the ODG recommend a fading of therapy frequency with an active self directed home exercise program. There is neither documentation submitted from patient's physical therapy visits nor any significant progress made in therapy. Without evidence of progress or functional improvement additional therapy is not medically necessary. Therefore the request for physical therapy 2 times per week for 3 weeks of the left Shoulder, PR-2 dated September 10, 2013 is not medically necessary and appropriate.