

Case Number:	CM13-0032409		
Date Assigned:	12/11/2013	Date of Injury:	11/29/2006
Decision Date:	01/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/08/2013

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 and Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 62-year-old female who reported a work related injury on 11/29/2006 due to carrying heavy objects. The patient is status post right shoulder arthroscopic acromioplasty and right shoulder arthroscopic rotator cuff repair. The patient has undergone MRIs of the neck and back, physical therapy, acupuncture, cervical injections, and home exercise. The MRI revealed a disc bulge at C5-6. Her diagnoses include cervical facet joint arthropathy and right shoulder internal derangement. The patient has reached maximum medical improvement. The request is made for unknown physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

unknown physical therapy for the right shoulder: Upheld

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

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

Decision rationale: The recent clinical documentation submitted revealed the patient was status post a left C5-6 and left C7-T1 medial branch block which provided 100% relief of her left lower cervical pain on 09/20/2013. Tenderness to palpation was noted of the bilateral cervical

paraspinal muscles overlying the C2-T1 facet joints. The right shoulder forward elevation was to 145 degrees, external rotation was 30 degrees, and internal rotation was to L2. She had smooth motion of the subacromial space. The patient's abduction was 4+/5. Impingement signs 1, 2, and 3 were negative. Clonus, Babinski's, and Hoffmann's signs were absent bilaterally. Muscle strength was 5/5 in all limbs. The treatment plan was noted for the patient to have 6 more physical therapy visits for the treatment of scapular dyskinesia and to help with rotator cuff strength. The California Chronic Pain Medical Treatment Guidelines recommend up to 10 physical therapy sessions over 8 weeks for cases involving myalgia or myositis. It is unclear how many physical therapy sessions the patient has had to this date. The patient has received a significant number of physical therapy sessions since the time of injury. The guidelines state that home exercise programs will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end. There was no evidence given of significant functional deficits to warrant continuation of formal physical therapy visits. There was no documentation submitted which gave evidence the patient would not be able to continue her recovery in a home exercise program and minimize her remaining deficits in this program. As such, the decision for Unknown Physical Therapy for the right shoulder is non-certified.