

Case Number:	CM13-0032434		
Date Assigned:	12/11/2013	Date of Injury:	06/19/2013
Decision Date:	02/03/2014	UR Denial Date:	09/10/2013
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 Orthopedic Surgery 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 claimant is a 57-year-old gentleman who was injured in a work related accident on June 19, 2013. Recent clinical records in this case indicate a prior cervical MRI report of June 11, 2013 demonstrating spondylosis from C2-3 through C7-T1. There was disc protrusions noted at C4-5 and C5-6. Also performed was a left shoulder MRI scan of July 11, 2013 showing a rotator cuff tear with tendinosis. At present, there is a clinical report available for review dated November 12, 2013 giving interval history of continued complaints about the cervical spine and left shoulder. Physical examination showed tenderness to palpation of the cervical spine with restricted range of motion, upper extremity evaluation demonstrated 5/5 motor strength bilaterally with equal and symmetrical reflexes. The shoulder examination was with no palpable tenderness to palpation, full range of motion and positive impingement testing. The claimant was diagnosed with a left shoulder rotator cuff tear with long head of the biceps tendonitis as well as AC joint arthrosis and a cervical sprain. Recommendations were for continuation of formal physical therapy for eight additional sessions to the cervical spine and left shoulder. Records indicate the claimant has been treated with a significant course of therapy since time of injury, June 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 CERVICAL SPINE, LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California MTUS Guidelines, continuation of physical therapy in this case would not be indicated. While Guidelines would recommend the role of physical therapy in the chronic setting, it does so only for nine to ten sessions over an eight week period of time for a diagnosis of myalgias or myositis. Records would indicate recent course of physical therapy has been obtained. It would be unclear at present why transition to a home exercise program or further consideration I regards to intervention given the claimant's documented understanding of rotator cuff tearing would not be indicated.