

Case Number:	CM13-0036999		
Date Assigned:	12/20/2013	Date of Injury:	08/15/2009
Decision Date:	02/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 Pain Medicine and is licensed to practice in 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 42-year-old female who reported an injury on 08/15/2009. The patient is diagnosed with cervicobrachial syndrome, adhesive capsulitis of the shoulder, shoulder pain, and neck pain. The patient was seen by [REDACTED] on 07/31/2013. The patient complained of right sided neck pain with numbness and tingling in the right hand. Physical examination revealed limited right shoulder range of motion, 5/5 strength, positive impingement sign, positive Hawkins sign, significant tenderness over the trapezius muscle, mild tenderness over the rhomboid muscle and paracervical muscles, full flexion with decreased extension, and positive Spurling's maneuver. Treatment recommendations included physical and occupational therapy for the shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks to cervical spine and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder and Neck & Upper Back Chapters, section on Physical Therapy.

Decision rationale: The MTUS Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The Official Disability Guidelines state treatment for a sprained shoulder includes 10 visits over 8 weeks and treatment for adhesive capsulitis includes 16 visits over 8 weeks. As per the clinical documentation submitted, the patient's injury is greater than 4 years ago. Documentation of the patient's previous course of physical therapy with total treatment duration and efficacy was not provided for review. While a short course of therapy to establish a home exercise program may be indicated, the current request exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received, the request for 18 sessions of physical therapy is not medically necessary and appropriate.