

Case Number:	CM13-0044868		
Date Assigned:	01/24/2014	Date of Injury:	05/20/2013
Decision Date:	03/25/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 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:

This is a 52-year-old female who sustained injury on 05/20/2013. She has a history of previously injuring the right upper extremity and neck. Her treatment history includes chiropractic manipulation, physical therapy, medications (Flexeril, Advil, Cyclobenzaprine, and Etodolac ER) without significant relief. She had MRI of the cervical spine dated 08/30/2013 that showed C5-6 disc osteophyte complex towards the right side with neuroforaminal narrowing and decreased disc height. At C6-7, there is a broad-based disc bulge with neuroforaminal narrowing. A clinic note dated 08/13/2013 indicates she presented with complaints of 4/10 right shoulder pain, described as sharp and dull. On physical exam of right shoulder, there was no deformity of the right shoulder joint. There was no deformity of the right clavicle. There was no tenderness of the right sternoclavicular and acromioclavicular joints. There was no subluxation of the right sternoclavicular and AC joints. There were no muscle spasms. Drop-arm and apprehension tests were negative. There was full ROM of right shoulder and no weakness in the right upper extremity. Impingement test was negative and sensation to light touch and pinprick was intact. Reflexes were 4/4 in right upper extremities. She was diagnosed with right shoulder sprain/strain and cervicalgia. The current review is for continuing physical therapy 2 x a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the right shoulder (12 sessions): Upheld

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

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

Decision rationale: As per MTUS chronic pain medical guidelines, physical 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. The number of visits allowed as per guidelines is 8-10 visits for neuralgia, neuritis, and radiculitis, unspecified and 9-10 visits for myalgia and myositis, unspecified. This patient was treated with prior physical therapy treatment and there is no documentation regarding objective functional improvement. In fact, a clinic note dated 08/13/2013 indicates her right shoulder joint with no deformity with full ROM, no tenderness or spasms, negative Drop-arm test, negative Apprehension test, and no weakness. Thus, the request for continue physical therapy for 2x a week for 6 weeks is not medically necessary and exceeds the guidelines recommendation. Thus, the request is non-certified.