

Case Number:	CM13-0048611		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2002
Decision Date:	02/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/06/2013

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 Interventional Spine 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 patient is a 53 year-old male with an 8/13/2002 industrial injury claim. He has been diagnosed with impingement syndrome, left arm; cervical DDD and lumbar DDD. The IMR application shows a dispute with the 10/11/13 utilization review denial for a left shoulder MRI, and PT 3x4 for the cervical spine and PT 3x4 for the left shoulder. The 10/11/13 utilization review decision was from [REDACTED] and was based on the 10/7/13 medical report. The 9/23/13 report from [REDACTED] notes the patient had exacerbations of neck and shoulder pain, the left shoulder being increased over the last 2-months.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The 9/23/13 report from [REDACTED] states the patient was last seen on 7/26/2012. At that time, physical therapy was recommended. There had been no injuries but the

symptoms had increased. Left shoulder exam shows positive impingement. There is no mention of outcome with the physical therapy that was recommended. The 9/23/13 report states that physical therapy was recommended on 7/26/12, but there is no indication that this had been for a 4-6 week duration, and outcome was not discussed. I do not have any medical reporting from 7/26/12 or earlier. The 11/12/13 report states the shoulder remains the same. There was apparently an authorization for 2 physical therapy sessions. The 11/22/13 physical therapy note states the pain level is 2-4/10. The 12/5/13 Doctor's first report states the patient's pain is 3-4/10; left shoulder abduction is to 180, flexion is to 180, there was weakness in the cuff, and Neers, Hawkins, and Jobes were positive. MTUS/ACOEM for shoulder imaging states "For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms" The records show the symptoms have remained persistent for over 6-weeks. The request appears to be consistent with MTUS/ACOEM guidelines.

Physical Therapy for the cervical spine three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: This patient is not in the California MTUS/post-surgical physical medicine treatment timeframe, so the MTUS chronic pain guidelines apply. The California MTUS recommends 8-10 PT sessions for various myalgias and neuralgias. The request for 12 physical therapy sessions will exceed MTUS recommendations

Physical Therapy for the left shoulder three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: This patient is not in the California MTUS/post-surgical physical medicine treatment timeframe, so the MTUS chronic pain guidelines apply. The California MTUS recommends 8-10 physical therapy sessions for various myalgias and neuralgias. The request for 12 PT sessions will exceed MTUS recommendations.