

Case Number:	CM13-0057768		
Date Assigned:	12/30/2013	Date of Injury:	07/19/2013
Decision Date:	04/04/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/25/2013

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

Patient is a 51 year-old, right-hand dominant male who states he sustained an injury to his right upper extremity while working as a warehouse worker on July 19, 2013. He recalls attempting to move a 100 pound machine to prep it for shipping. Several hours later he began having pain in his right arm. His diagnoses include a glenohumeral subluxation, right shoulder strain with mild brachioplexus stretch; right elbow strain, resolved; degenerative disc disease, cervical spine, C6-7, currently asymptomatic. The patient has had 6 therapy sessions already. The request is for 12 more physical therapy visits. A 10/17/13 comprehensive orthopedic evaluation stated that the patient's complaints were 1. Right shoulder pain. 2. Right elbow pain. According to this report the patient was initially evaluated, x-rays were obtained of the neck and right shoulder, and he was referred for physical therapy. He received about five sessions of therapy which were of very little relief to him. The patient complains of aching in the cervical spine that is mild and associated with right shoulder pain. He complained on this date of pain in the right shoulder is described as a constant throbbing ache. Although he has no difficulty with forward or overhead tasks, he is unable to sleep on the right side. His pain is increased with pushing and pulling tasks. Pain often radiates to the right elbow, resulting in difficulty with lifting tasks. He also complains of numbness and tingling in the right index finger and right thumb. There is a slight decrease in his grip strength; however, the patient believes his symptoms are slowly improving. Physical exam on this date revealed: Patient had a normal head posture. Negative cervical, cranial vault and foraminal vault compression tests. No muscle spasm or tenderness. There was normal and full range of motion of the cervical spine. There was full strength in the bilateral upper extremities. There is no obvious elevation or depression of the right pectoral girdle. There is absence of scalloping of the supraspinatus fossa. There is slight forward

posturing of the right shoulder. There are no signs of any pathological winging, although the right scapular inferior angle is slightly more prominent than the left. There is loss of some volume of the right biceps and deltoid appears to be normal. There is slight weakness in the right subscapularis, biceps, and deltoid. Provocative bilateral shoulder testing was negative. Reflexes were intact in the bilateral upper extremities. There was decreased sensation in the right lower aspect of the index finger to pin prick. X-rays taken October 17, 2013 reveal on AP projection that there is a slight inferior subluxation of the humeral head. Shenton's line is intact. There is a type II acromion. X-rays of the cervical spine show slight anterior osteophytic spurring. The recommendations of this visit were patient should be maintained on a nonsteroidal anti-inflammatory medication for the straining injuries that he sustained to the shoulder and continue the physical therapy with strengthening.

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 4 weeks: Upheld

Claims Administrator guideline: Decision based on ACOEM Practice Guidelines – <https://www.acoempracguides.org/Shoulder>: Table 2, Summary of Recommendations, Shoulder Disorders.

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

Decision rationale: Physical therapy, 3 times a week for 4 weeks is not medically necessary according to the MTUS guidelines. According to the documentation provided, the employee has had 6 sessions of PT. There is no documentation of functional improvement or decrease in pain. The employee should be knowledgeable in a home exercise program. On the 10/17/13 office visit the employee states that 5 sessions of PT did not offer much relief. Additionally the MTUS recommends up to 10 visits for the employee's condition. An additional 12 visits would exceed guideline recommendations. The request for physical therapy 3 times a week x 4 weeks is not medically necessary.