

Case Number:	CM13-0058101		
Date Assigned:	06/09/2014	Date of Injury:	09/21/2009
Decision Date:	07/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and 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 expert 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 50 year old female with a work injury dated 9/21/09. Her diagnoses include multilevel cervical disc degeneration; left shoulder subacromial impingement/rotator cuff syndrome; bilateral upper extremity nerve impingement and entrapment. The patient is status post right radial tunnel release and lateral epicondyle debridement on 1/9/13. Under consideration is a request for physical therapy two times a week for six weeks to the left shoulder. The patient continues to complain of posterior neck pain. She reports pain continues to radiate down the left upper extremity to the thumb, index and middle fingers of the left hand. She also continues to complain of left shoulder pain which is unchanged from previously. The pain is worse with lifting objects regardless of weight. On examination of the cervical spine reveals anterior subacromial tenderness to palpation, left paracervical and upper trapezius muscles tenderness to palpation. The range of motion was limited with flexion beyond 20 degrees, limited extension beyond 10 degrees, and limited rotation and extension. The brachial tension test is positive on the left thumb, index and middle finger pain. The deep tendon reflexes are equal and 2+ bilaterally. The sensation is decreased in first dorsal web space in the left hand. The examination of the left shoulder reveals no erythema or edema. There is anterior subacromial tenderness to palpation. Range of motion was limited with abduction to 60 degrees and limited forward flexion to 60 degrees. The Hawkin's sign is positive on the left. Supraspinatus isolation is positive for pain and weakness in comparison to the right. Prior utilization review 1453740 dated 11/21/13 states that the patient has had prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Physical therapy two times a week for six weeks to the left shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this shoulder condition. The request exceeds this number. Additionally the documentation indicates the patient has had prior therapy but it is unclear for what body part she has received therapy and the number of sessions or outcome of this therapy. The request for physical therapy two times a week for six weeks to the left shoulder is not medically necessary.