MAXIMUS Federal Services

Case Number:	CM13-0066899		
Date Assigned:	01/03/2014	Date of Injury:	03/31/2012
Decision Date:	04/15/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 38 year old female who was injured on 03/31/2012 while she was involved in a car accident during a break when she was walking in the parking lot, was hit in the right side by a car, struck and knocked down to the ground. Initially she complained of right knee pain, low back pain, right shoulder pain and weakness. Prior treatment history has included physical therapy and medications. On 01/25/2013 the patient underwent right shoulder diagnostic arthroscopy, right shoulder arthroscopic repair of superior labrum, arthroscopic bursoscopy, arthroscopic resection of subacromial bursa, arthroscopic coracoacromial ligament resection and arthroscopic subacromial decompression. Diagnostic studies reviewed include X-ray of the left shoulder dated 09/16/2013 showing early degenerative joint disease of the acromioclavicular joint. X-ray of the lumbar spine dated 09/16/2013 with the following impressions: 1) Minimal to mild discogenic spondylosis from T12/L1-L5-S1. 2) Moderate anterior shift in the lumbar gravity line. 3) Multiple metallic clips overlying the pelvic basin which may represent clothing artifact versus previous tubal ligation. 4) Minimal left convexity of the lumbar spine with an apex at L2. X-ray of the right shoulder dated 09/16/2013 showing no obvious radiographic evidence of acute fracture or osseous abnormality. X-ray of the cervical spine dated 09/16/2013 with the following impression: 1) Minimal to mild discogenic spondylosis at C405 and C5-6. 2) Moderate straightening the normal cervical lordosis. Progress note dated 10/22/2013 documented the patient to have complaints that are relatively unchanged. Objective findings on exam included the mobility in her shoulders continues to remain decreased especially on the operated right side and actually they both approximately equally forward flex to about 120 degrees, abduct at 110 degrees, and internal and external rotation at 60 degrees that are ongoing. Upper extremity muscle test shows neck flexion and extension 4/5 bilaterally and the remainder of the muscle groups testing and upper extremity range of motion testing is illegible. Diagnoses: 1.

Right shoulder sprain/strain, post-op cervical decompression from previous operating surgeon. 2. Left shoulder sprain/strain with impingement. 3. Cervical sprain/strain. 4. Lumbar sprain/strain. Treatment Plan: Request therapy for her stabilization, strengthening, and improvement in her mobility of her shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR C-SPINE, L-SPINE AND LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine: Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Physical Medicine & Rehabilitation, 3rd Edition, 2007, Chapter 39: Musculoskeletal Problems of the Upper Limb, pgs. 825-854, Chapter 38: Treatment of Common Neck Problems, pgs. 801-824, and Chapter 41: Low Back Pain, pgs. 883-928

Decision rationale: Based on current documentation, the employee's current condition has remained unchanged with no change in physical exam or symptoms. Based on MTUS Guidelines and current standard of care guidelines, there is no indication for continued physical therapy of any region of the body that remains unchanged and for chronic use. Physical therapy is useful for short term use for pain control, reduction in inflammation, and soft tissue healing. There is no documentation in the employee's medical records for any of these indications. Based on the lack of support for physical therapy, the request is non-certified.