

Case Number:	CM13-0067075		
Date Assigned:	04/02/2014	Date of Injury:	09/20/2013
Decision Date:	04/30/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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:

This patient is a 49 year-old male with date of injury of 09/20/2013. Per treating physician's report, 10/30/2013, patient presents with severe shoulder pain, weakness, inability to raise the arm above head. Pain radiates down the arm, has difficulty sleeping at nighttime. MRI showed large rotator cuff tear with atrophy, infraspinatus tear, AC arthritis. Diagnoses were rotator cuff tear and right shoulder pain. Request was for cortisone injection, physical therapy 3 times a week for 4 weeks to follow injection and patient was to remain off work. Handwritten progress reports reviewed from 09/26/2013, 10/03/2013, and 10/10/2013. These reports indicate the patient has continued significant right shoulder pain and orthopedic consultation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY OF THE CERVICAL SPINE 3 TIMES A WEEK TIMES 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: This patient presents with chronic shoulder pain mostly but some neck pain as well. MRI of the right shoulder showed complete tear of the rotator cuff. X-rays of the cervical spine from 09/20/2013 showed no osseous injury. There is a request for physical therapy 3 times a week for 4 weeks to address the patient's cervical spine. MTUS Guidelines allow 8 to 10 sessions of physical therapy for myalgia and myositis, the type of symptoms that this patient is struggling with. For neuralgia, neuritis, and radiculitis, 8 to 10 sessions were recommended as well. In this case, the current request for 3 times a week for 4 weeks exceeds what is allowed by MTUS Guidelines for this type of condition. Recommendation is for denial.