

Case Number:	CM13-0071934		
Date Assigned:	01/08/2014	Date of Injury:	10/24/2005
Decision Date:	05/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 52-year-old female who incurred an injury on 10/24/05. The injury included both her shoulders, neck, and upper back, due to secondary cumulative trauma to those areas, which causes neck pain that radiates to her head, and both arms with weakness in her upper arms, according to the progress notes provided. She was diagnosed with cervical and thoracic sprains. She was also diagnosed with bicep tendonitis. The treatment consisted of physical therapy with home exercises and pain medications. The patient also developed carpal tunnel syndrome for which she had a right carpal tunnel release. With the extensive physical therapy visits she had attended for her neck, upper back, shoulders, and arms over the years, from the notes provided, the worker seems to appreciate the therapy sessions, to where it helped (particularly the massage) to relieve her pain somewhat temporarily, but the reports and assessments in the documents provided suggest that she did not respond functionally to the treatments after the initial few months of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL SHOULERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (PREFACE).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that physical therapy for shoulder pain related to myalgia and myositis (sprain/strain) may be used, but should allow for a fading of treatment frequency (up to 3 visits per week to 1 or less), plus active self-directed home physical medicine up to nine to ten (9-10) visits over eight (8) weeks and for radiation related to neck and upper back injuries, only up to eight to ten (8-10) visits over four (4) weeks. Functional restoration is the end goal of physical therapy and home exercises, and when efforts have been exhausted beyond the recommended number of visits and time frame after the injury without any more functional improvements, such as in the case of this worker, then it is not medically necessary to continue physical therapy for the shoulders. No unique indicators from an examination or subjective reports in the notes provided suggest a need for therapy for a new condition or injury related to her shoulders. Also, in the request, no specific number of visits with the physical therapist were included, nor an explanation of the treatment goals. Therefore, the physical therapy for the bilateral shoulders is not medically necessary.