

Case Number:	CM14-0001831		
Date Assigned:	01/22/2014	Date of Injury:	01/21/2010
Decision Date:	06/13/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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 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:

The injured worker is a 63 year old female with an injury reported on 01/21/2010. The mechanism of injury was described as an industrial injury. The clinical note dated 01/30/2014, reported that the injured worker complained of constant neck pain with radiating pain from her right shoulder causing numbness and tingling in both hands. Per examination of cervical range of motion reported limited flexion to 35 degrees, extension to 40 degrees, lateral rotation right to 30 degrees and left to 25 degrees. It was also reported the injured worker's motor strength is 5/5 to bilateral upper extremities. The injured worker's diagnoses included status-post C4-5 and C5-6 fusion in 2010, right shoulder manipulation under anesthesia 2010, and pituitary tumor removal in 2005. The request for authorization was submitted on 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, RIGHT SHOULDER/CERVICAL X 6 VISITS.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES. SECTION 722.0, PHYSICAL THERAPY, SHOULDER PAIN

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

Decision rationale: The request for 6 sessions of physical therapy for the right shoulder and cervical spine are not medically necessary. The injured worker complained of constant neck pain with radiating pain from her right shoulder causing numbness and tingling in both hands. The injured worker also was status-post C4-5 and C5-6 fusion in 2010. According to the California MTUS guidelines, active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was noted that the injured worker had 6 sessions of physical therapy for her right shoulder and her last session was in February 2013. However, documentation did not include evidence of measurable objective functional gains made with those sessions. In addition, there is a lack of clinical information to indicate if the injured worker has any significant functional deficits. Therefore, the requested physical therapy is not medically necessary or appropriate at this time.