

Case Number:	CM14-0001856		
Date Assigned:	01/22/2014	Date of Injury:	10/15/2012
Decision Date:	05/28/2014	UR Denial Date:	12/06/2013
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 Occupational 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: Injured worker is a female with date of injury 10/15/2012. Per utilization review treatment appeal the injured worker has developed symptoms in her right upper extremity since the date of her injury. The symptoms gradually spread into her right shoulder and right side of the neck. She has had an EMG of her upper extremities, which was normal. She has had a right shoulder MRI which shows partial tear of the supraspinatus tendon and some tendinitis and some osteoarthritis in the glenohumeral joint. She had some degenerative changes in the acromioclavicular joint. She also had some bursitis. She was worked up with MRI of the cervical spine which showed mild bulging at C4-C5 and C5-C6 without any central stenosis or neural foraminal stenosis. Currently she complains of pain in her right side of the neck, right shoulder and right upper extremity. She also has intermittent numbness and tingling in the right upper extremity. She states that the neck and shoulder pain have become worse since she has continued working. The pain increases throughout the day. The pain is made worse by repetitive and constant motion and is made better by rest, ice and heat. On exam of the spine lateral tilt to the left was limited by 25% and caused significant tension and spasm in the right side of the neck in the scalene muscles. On exam of the right shoulder there is pain at the acromioclavicular joint and the rotator cuff. Flexion and abduction were limited by 25% and painful. There was no significant evidence of impingement. Diagnoses include 1) brachial neuritis nos 2) pain in joint shoulder 3) pain psychogenic nec.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98,99.

Decision rationale: The claims administrator reports that the injured worker previously had four sessions of physical therapy for her right shoulder, however there was no documentation of the effects on symptoms and function resulting from these sessions. This independent review was provided additional documentation that reports the injured worker had received physical therapy with considerable improvement in symptoms. There remained symptoms on the right side with numbness and tingling in her hand. Additional therapy was requested, and it appears that she has completed at least 16 sessions of physical therapy. The effects of therapy are not clearly stated, but she had an exacerbation of her symptoms when advancing to strengthening phase using bands for resistance. Physical therapy notes through session #16 were provided for review, and there is indication that the injured worker has partially met all of her treatment goals. Physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort is supported by the cited guidelines. These guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency as the guided therapy becomes replaced by a self-directed home exercise program. The injured worker already having completed 16 sessions of physical therapy should be adequately prepared to continue with a home exercise plan. The reports describing the injured worker's condition and response to previous therapy indicate that she does not need an additional 12 sessions of physical therapy. The request for twelve (12) physical therapy sessions is not medically necessary and appropriate.