MAXIMUS Federal Services

Case Number:	CM14-0003693		
Date Assigned:	01/31/2014	Date of Injury:	11/07/2012
Decision Date:	10/10/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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:

This is a 35-year-old male with a 11/7/12 date of injury. The mechanism of injury occurred when he was involved in a motor vehicle accident which the patient described as a head-on collision. According to the most recent progress note provided for review, dated 12/23/13, the patient complained of severe left side neck/shoulder pain. He was recently seen in the ER due to severe pain and "shaking" in the entire left arm. The provider is recommending pain management consultation due to worsening left shoulder/arm symptoms and physical therapy, 6 sessions, to improve shoulder ROM/strength. Objective findings include tenderness/spasms of thoracolumbar spine and paravertebral musculature, and weakness of lower extremity. Diagnostic impression noted myofascial pain syndrome, impingement syndrome of left shoulder, chronic low back pain, and history of lumbar surgery. Treatment to date includes medication management, activity modification, low back surgery, and physical therapy. A UR decision dated 12/31/13 denied the request for six additional sessions of physical therapy. The injured worker has had prior treatment, 24 sessions. There is, however, no demonstration of functional improvement following completion to justify additional treatment. The request for a pain management consultation was certified. The patient has failed to respond to conservative measures, including physical therapy and analgesic medications. Obtaining the added expertise of a physician specializing in chronic pain/delayed recovery is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS TO LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

Decision rationale: MTUS guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. According to the 12/31/13 UR decision, the patient has completed 24 total physical therapy sessions. Guidelines support up to 10 visits over 8 weeks for shoulder sprains. An additional 6 sessions would exceed guideline recommendations. There is no documentation of an acute exacerbation to the patient's pain to warrant additional physical therapy visits exceeding guideline recommendations. In addition, there is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. Furthermore, it is unclear why the patient is not participating in an independent home exercise program. Therefore, the request is not medically necessary.