

Case Number:	CM14-0005711		
Date Assigned:	02/05/2014	Date of Injury:	03/07/2013
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/15/2014

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 Orthopaedic Surgery, and is licensed to practice in Mississippi and Texas. 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 claimant is a 35-year-old male who was injured on March 7, 2013. The progress note, dated January 13, 2014, indicates that the claimant presents with continued neck and left shoulder pain. This note indicates that physical therapy was previously performed on April 1, 2013 and noted not provide the claimant with relief. An MRI of the left shoulder was obtained on May 5, 2013 and is documented as having a possible injured labral tear, but was otherwise normal with the exception of mild AC joint degenerative changes. An orthopedic surgeon evaluated the claimant on May 8, 2013 indicated that the MRI was not consistent with a labral tear. The pain in the left arm is documented as having improved following the cervical epidural steroid injection at the neck pain radiating pain to the shoulder remained. The examination documents full range of motion the left shoulder no pain complaints with range of motion testing. Palpation reveals tenderness over the trapezius and medial border scapula. The clinician indicates that this more compatible with cervical radiculitis. The utilization review in question was rendered on December 30, 2013. The reviewer noncertified the requested physical therapy for the left shoulder. The reviewer indicates that physical therapy was previously completed for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X PER WEEK FOR 4 WEEKS, LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE. Decision based on Non-MTUS Citation ODG Shoulder (updated 6/12/13).

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

Decision rationale: The MTUS does support the use of physical therapy for the management of chronic pain. However, on the most recent examination the left shoulder is documented as being essentially normal. There is no pain with range of motion testing. And the pain that is palpable the clinician indicates is more compatible with cervical radiculitis. As such, the request is considered not medically necessary.