

Case Number:	CM14-0006032		
Date Assigned:	01/22/2014	Date of Injury:	08/10/2011
Decision Date:	08/25/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 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:

This is a 36-year-old female with an 8/10/11 date of injury, when she injured her cervical spine and right shoulder secondary to repetitive cumulative trauma secondary to her related work activities for 7 years prior. The patient underwent right shoulder surgery on 6/4/2013. The initial postoperative PT progress note dated 6/19/13 revealed no acute complains to the cervical spine, decreased range of motion in the right shoulder, 8/10 pain in the right shoulder and 2/5 strength in the right shoulder. The patient was seen on 11/01/2013 with complaints of persistent shoulder and neck pain, which was hard to tolerate. Exam findings revealed tenderness of the cervical spine and negative Spurling's maneuver. The cervical range of motion was: flexion 119 degrees, extension 53 degrees, abduction 110 degrees, adduction 26 degrees, external rotation 90 degrees and internal rotation 45 degrees. The patient underwent 22 sessions of post op PT; however the results were not documented. The diagnosis is status post right shoulder distal clavicle resection and acromioplasty (06/04/2013), chronic cervical strain with radiculitis, right elbow epicondylitis, right wrist carpal tunnel syndrome, inguinal hernia, and chronic strain/sprain of both knees with internal derangement of both knees. Treatment to date including work restrictions, 22 sessions of postoperative physical therapy, right shoulder surgery and medications. An adverse determination was received on 11/27/13 given that the patient completed 22 post op sessions in the past and that she should complete the final 2 visits within the 24 post op visits allowed by California MTUS and transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (2x6) for the cervical and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Guidelines, Pain, Suffering, and the Restoration of Function Chapter 6, Page 114.

Decision rationale: California MTUS stresses 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. The patient underwent right shoulder surgery on 6/4/13 and accomplished 22-post op PT visits. The initial PT note was provided, however the remaining PT notes were not provided for review. There is a lack of documentation indication objective gains from the patient's prior PT. The UR decision dated 11/27/13 allowed the patient to accomplish 2 last more sessions of PT and transit to independent home exercise program. There is no documentation stating that the patient finished her initial course of PT. Therefore, the decision for physical therapy (2X6) for the cervical and right shoulder was not medically necessary.