

Case Number:	CM14-0006263		
Date Assigned:	02/07/2014	Date of Injury:	01/01/2012
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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:

Patient is a 45-year-old-male who has submitted a claim for cervical sprain/strain with radiculopathy, s/p right shoulder open rotator cuff repair, low back pain with L5/S1 spondylosis associated with an industrial injury date of January 1, 2012. Medical records from 2012-2013 were reviewed which revealed constant pain on the neck which radiates to his shoulders with a pain scale of 3-7/10. Pain increases with repetitive and prolonged movements. There was frequent pain in the posterior aspect of the deltoid that radiates to the right cervical spine and right scapula down to the arm and elbow. Pain scale ranges from 5-9/10. Pain increases with sleeping on his side, pushing and pulling movements. Low back pain radiates to the left buttock and hamstring down to his left knee. Pain ranges from 3-7/10. Aggravating factors were prolonged sitting, stooping, twisting, bending, crouching, driving and sleeping. Physical examination showed tenderness in the cervical spine, upper trapezius muscles, paravertebral muscles and upper thoracic spine. Cervical compression test was positive. Spurling's test was negative. Positive impingement test of both shoulders was positive. Tinel's sign was positive at the left elbow. Phalen and Finkelstein tests were negative bilaterally. Gait is antalgic on the left. Fabere and reverse Fabere were negative on both hips. McMurray, Apley, Anterior and Posterior Drawer, Lachmans and Patellar Grinding tests were negative bilaterally. There was also intact varus and valgus stress. Treatment to date has included, chiropractic treatments, acupuncture sessions and bilateral shoulder injections. Medication taken was Norco 10/325mg. Utilization review from January 9, 2014 denied the request for twelve physical therapy sessions of bilateral shoulders because no reported treatment plan that states the goals of therapy mentioned in the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS FOR BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The Chronic Pain Medical Treatment Guidelines do not recommend greater than 10 visits for any non-post operative conditions other than for reflex sympathetic dystrophy. ODG, Shoulder Chapter, Physical therapy section also recommends physical therapy for impingement syndrome to reduce pain and provide isodynamic strength. In this case, patient's progress report dated September 11, 2013 revealed that he has positive impingement test on both shoulders. In addition, his pain scale on his shoulders was 5-9/10 aggravated by pushing and pulling movements. Physical therapy would be beneficial to the patient to reduce pain and to provide isodynamic strength. The ODG guidelines recommend 10 visits over 8 weeks for impingement syndrome of the shoulder. The request for twelve sessions exceeds the guidelines. The request for twelve physical therapy sessions for the bilateral shoulders is not medically necessary or appropriate.