

Case Number:	CM14-0103075		
Date Assigned:	07/30/2014	Date of Injury:	12/13/2012
Decision Date:	11/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	07/03/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 60 year old with an injury date on 12/13/12. Patient complains of intermittent cervical pain rated 3-8/10, intermittent right shoulder pain rated 3-8/10 (but no pain if he's not moving arm) with radiation/numbness/tingling to his hand, numbness/tingling in left shoulder radiating to hand (but no pain), and pain in the center of his chest into back muscle under shoulder blade, occurring "a few times a day" rated 8/10 per 5/5/14 report. Based on the 5/5/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical spine disc at C4-5 and C5-6 causing right sided mild radiculopathy with numbness/tingling 2. Right shoulder impingement and possible bursal-sided rotator cuff tear 3. Right sided chest pectorals pain most likely due to impingement and radiation of pain 4. Very mild impingement of left shoulder Exam on 5/5/14 showed "1+ pain in AC joint of right shoulder, 1+ pain in impingement area of right shoulder. Range of motion of right shoulder is restricted in external rotation/internal rotation both at 70/90 degrees." Patient's treatment history includes physical therapy, unspecified shoulder injections, home exercises. [REDACTED] is requesting 12 physical therapy (PT) sessions for the right shoulder, 2 x per week for 6 weeks. The utilization review determination being challenged is dated 5/29/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/20/13 to 5/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy (PT) sessions for the right shoulder, 2 x per week for 6 weeks,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, and chest pain. The provider has asked for 12 physical therapy (PT) sessions for the right shoulder, 2 x per week for 6 weeks on 5/5/14. The patient completed a course of physical therapy (number of sessions unspecified) between January and March 2014 for the neck/right shoulder that helped his symptoms per 5/5/14 report. Patient wants to hold off on invasive treatments and continue with conservative care per 5/5/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient recently had an unspecified number of physical therapy sessions. Since MTUS recommends 8-10 sessions of physical therapy (non-surgical), the requested 12 physical therapy (PT) sessions for the right shoulder would exceed MTUS guidelines for this type of condition. Therefore, this request is not medically necessary.