

Case Number:	CM14-0104506		
Date Assigned:	07/30/2014	Date of Injury:	05/09/2011
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 and is licensed to practice in Nevada. 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 injured worker is a 49 year-old female who was reportedly injured on 5/9/2011. The mechanism of injury is not listed. The injured worker underwent a right shoulder Superior Labrum Anterior and Posterior repair on 4/24/2013. The most recent progress note dated 6/16/2014, indicates that there are ongoing complaints of neck and right upper extremity pain. Physical examination demonstrated restricted cervical spine range of motion; tenderness to cervical paravertebral, trapezius and rhomboid muscles as well as the spinous processes at C6, C7; positive Spurling's maneuver; biceps, triceps, and brachioradialis reflexes 1/4 on right, 2/4 on left; tenderness to right shoulder with positive Hawkins test; tenderness to right lateral epicondyle; motor strength 5 -/5 on right, 5/5 on left; decrease sensation over left C8-T1 distribution; and normal gait without a device. Magnetic resonance image the cervical spine dated 11/16/2012 demonstrated cervical spondylosis at C4/5, C5/6 most severely; central disk protrusion at C4/5, broad-based spondylitic ridging and mild bilateral foraminal stenosis at C5/6. Electromyogram/Nerve Conduction Velocity study of the upper extremities dated 11/20/2012 was normal. Diagnosis: cervical pain, shoulder pain and cervical radiculopathy. Previous treatment includes physical therapy, transcutaneous electrical nerve stimulation unit, and medications to include: Neurontin, Nabumetone and Prilosec (and previously failed treatment with Ultram, prednisone, Cymbalta and Lyrica). A request was made for physical therapy 2X6, neck and was not certified in the utilization review on 6/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 wk, neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98-99.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The injured worker has chronic neck pain after a work-related injury in May 2011. A peer review conducted in September 2013 off-price 6 sessions of physical therapy for the neck. Review of the available medical records fails to document any improvement in pain or function with the physical therapy. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.