

Case Number:	CM14-0106544		
Date Assigned:	07/30/2014	Date of Injury:	01/06/2010
Decision Date:	11/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Rehabilitation 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 47-year-old male with a 1/6/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/15/14, the patient complained of pain in the neck, left shoulder, and right arm. He stated that the pain has been getting progressively worse. He rated his pain score as an 8/10. Without pain medications, his pain score is 10/10 and with pain medications, his pain score is 8/10. At this time, he is not attending any physical therapy as of yet until after steroid injection procedure takes place. Objective findings include limited to vital signs. Diagnostic impression are cervical radiculopathy, neck pain, left shoulder sprain/strain status post-surgery, left shoulder pain, cephalgia, myofascial syndrome, and neuropathic pain. Treatments to date include medication management, activity modification, physical therapy, surgery. A UR decision dated 6/30/14 certified the requests for urine drug screen, left shoulder steroid injection, left clavicle steroid injection, and denied the request for 6 sessions of physical therapy. Regarding urine drug screen (UDS), the records indicate the injured worker recently had a UDS on 5/15/14; however, the results were inconsistent with medications prescribed. Thus, a repeat UDS would be indicated in this case to assess medication compliance. Regarding left shoulder steroid injection and left clavicle steroid injection, the records indicate the injured worker has a high pain level of 8/10 on Visual Analog Scale (VAS), even with the use of opiates. She is status post shoulder surgery and reports progressively worsening pain. A left shoulder steroid injection would appear appropriate in this scenario. Regarding 6 sessions of physical therapy, physical therapy has been performed in the past; however, there are no physical therapy notes that document what functional improvement was achieved with previous sessions or why she needs to return to supervised exercise therapy rather than continuing with a fully independent 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 2 sessions every weekly x 3 for six sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Shoulder Chapter - Physical Therapy

Decision rationale: CA 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 and continued benefit of treatment is paramount. Physical Medicine Guidelines allows for fading of treatment frequency. However, according to a progress report dated 3/21/14, the patient mentioned he had just started physical therapy and it has been helping him. It is unclear how many sessions he has previously completed. Guidelines support up to 10 visits over 8 weeks for shoulder sprains. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for physical therapy 2 sessions every weekly x 3 for six sessions is not medically necessary.