

Case Number:	CM14-0013124		
Date Assigned:	02/24/2014	Date of Injury:	10/11/2009
Decision Date:	10/29/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Rehabilitation, and is licensed to practice in Texas. 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 65 year old male who was injured on October 11, 2009. The mechanism of injury is unknown. He has been treated conservatively with physical therapy, TENS unit and H-wave unit. His medication history included Elavil, Ibuprofen and Neurontin. Progress report dated January 10, 2014 indicates the patient presented with complaints of pain in the shoulder and neck with associated numbness and weakness radiating to the arm. The pain is aggravated with activity. The patient states that his symptoms have been unchanged and worsening since the injury. The pain in his neck is 40% of his pain in his arm is 60% of his pain. Objective findings during examination revealed normal alignment without asymmetry or kyphosis. There is tenderness to palpation over the bilateral cervical paraspinal muscles. There is no spinous process tenderness or masses palpable along the cervical spine. Examination of the right shoulder revealed range of motion exhibits forward flexion at 90 degrees; abduction at 85 degrees; external rotation is 40 degrees; internal rotation is 35 degrees; and extension is 15 degrees. There is tenderness to palpation over the anterior and posterior aspects of the shoulder. There is positive Yergason's test as well as positive crossed arm adduction test. The patient was diagnosed with disorders of bursae and tendons in shoulder region, unspecified and cervicgia and was recommended for physical therapy for the right shoulder. Prior utilization review dated January 24, 2014 indicated the request for physical therapy sessions for the right shoulder 2x/wk for 6 weeks is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER 2X/WK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Physical Therapy , Shoudler

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided with physical therapy in the past. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. This claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status. Therefore, the medical necessity of the request is not established.