MAXIMUS Federal Services

Case Number:	CM14-0017330		
Date Assigned:	04/14/2014	Date of Injury:	05/22/2013
Decision Date:	05/29/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/11/2014

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, has a subspecialty in 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 41 year old with an injury date on 5/22/13. Based on the 1/27/14 progress report provided by [redacted] the diagnosis is complex regional pain syndrome type I of the right shoulder and arm. Exam on 9/6/13 showed cervical spine had "50% decrease in extension and rotation bilaterally. Right shoulder shows forward flexion and abduction to 140 degrees; with pain to extremes of motion, and pain over posterior aspect of shoulder. Spurling test reproduces right posterior shoulder pain." [redacted] is requesting physical therapy three times weekly for six weeks for the right shoulder and arm. The utilization review determination being challenged is dated 2/10/14 and modified request to 4 sessions due to lack of documentation of a comprehensive treatment with functional gains, and lack of objective evidence for reflex sympathetic dystrophy. [redacted] is the requesting provider, and he provided treatment reports from 5/29/13 to 2/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES WEEKLY FOR SIX WEEKS FOR THE RIGHT SHOULDER AND ARM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

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

Decision rationale: According to the 1/27/14 progress report by [redacted], this patient presents with "unchanged, sharp, chronic right shoulder pain involving right arm and right aspect of the neck, radiating sometimes to left shoulder and neck. Pain rated at 8/10." The request is for physical therapy three times weekly for six weeks for the right shoulder and arm. According to 5/29/13 report, the patient is status post (s/p) shoulder decompression surgery from March 2013 and had post-operative therapy. It appears that the patient's current injury occurred on 5/22/13, and thereafter received 4-6 sessions of physical therapy with symptom aggravation. Medications have had no effect on pain, based on 12/5/13 report. On 6/12/13, the patient reported being unable to "use right upper extremity at all." On 8/23/13, the patient returned to work but couldn't function even at modified capacity. On 9/6/13, patient noticed improvement in neck pain post shoulder surgery but complained of restricted range of motion in shoulder. On 1/13/14, shoulder pain has worsened and is reaching her jaw. On 1/13/14, [redacted] recommended against acupuncture treatments. MTUS guidelines allow 9-10 sessions of therapy for myalgia/myositis type of symptoms. Although the treating provider has reflex sympathetic dystrophy (RSD) as the diagnosis, the examination findings do not support this diagnosis. The requested 18 sessions exceed what is allowed by MTUS for this type of condition. Recommendation is for denial.