

Case Number:	CM14-0110247		
Date Assigned:	09/16/2014	Date of Injury:	01/05/2012
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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 Occupational Medicine 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 34-year-old male with a 1/5/12 date of injury. The mechanism of injury occurred when the patient was reaching backwards to grab paperwork from a backseat when he felt a pop in the right shoulder. According to a progress report dated 6/3/14, the patient complained of constant pain in the right shoulder with popping when making normal arm movements. The pain radiated to his neck and behind his right ear, which caused migraines. He also complained of pain in the wrist and hand. Objective findings: limited range of motion of cervical spine, tenderness to palpation of paraspinal musculature, limited range of motion of shoulders, myofascial tenderness to palpation of right trapezius musculature. Diagnostic impression: right ulnar nerve subluxation at the elbow, right shoulder subacromial impingement syndrome, cervical spine strain. Treatment to date: medication management, activity modification, physical therapy, injections. A UR decision dated 6/18/14 denied the request for physical therapy. It is documented that the patient has received 6 previous physical therapy sessions for the right shoulder. There is no documentation in the medical records of the patient's objective functional response to previous therapy. In addition, the requested 18 sessions of physical therapy to the right shoulder and cervical spine exceed the recommendations per the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 6 week- right shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

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

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 - Allow for fading of treatment frequency. According to the 6/18/14 UR decision notes, the patient has received 6 previous physical therapy sessions for the right shoulder. Guidelines support up to 10 visits over 8 weeks for neck sprains and shoulder sprains. An additional 18 sessions would clearly exceed guideline recommendations. 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 is not participating in an independent home exercise program. Therefore, the request for physical therapy 3 times 6 week-right shoulder and cervical spine is not medically necessary.