

Case Number:	CM14-0110800		
Date Assigned:	09/16/2014	Date of Injury:	02/07/2013
Decision Date:	10/23/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/16/2014

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 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:

The injured worker is a this 53-year-old gentleman who was reportedly injured on February 7, 2013. The mechanism of injury is noted as lifting a piece of luggage. The most recent progress note, dated may 20th 2014, indicates that there are ongoing complaints of neck pain, shoulder pain, back pain, right knee pain, right thumb pain, depression, insomnia, and headaches. Current medications include omeprazole and ibuprofen. The physical examination demonstrated an antalgic gait and the inability to heel/toe walk. There was diffuse guarding and tenderness along the cervical and lumbar spine. Pain was noted with lumbar spine range of motion and there was a normal lower extremity neurological examination. There was tenderness at the left supraspinatus tendon and decreased left shoulder range of motion. There was a positive left shoulder impingement sign and O'Brien's test. Tenderness was also noted at the right first metacarpal joint. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L3 - L4 and L4 - L5 with impingement of the next the nerve roots. There was also a disc protrusion at L2 - L3 and L5 - S1 without impingement. An MRI the right shoulder reveals impingement signs with diffuse tendinosis and a partial thickness tear. Previous treatment includes physical therapy. A request was made for physical therapy twice a week for four weeks for the neck and left shoulder and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for four weeks for the neck, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter: Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: A review of the medical records indicates that the injured worker has previously participated in physical therapy; however, the efficacy of these sessions are unclear. It is anticipated that the injured employee has transitioned to a home exercise program at this point. For these reasons, this request for additional physical therapy twice week for four weeks for the neck and left shoulder is not medically necessary.