

Case Number:	CM14-0111885		
Date Assigned:	09/18/2014	Date of Injury:	05/06/2013
Decision Date:	11/19/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/17/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 54 years old female with an injury date on 05/06/2013. Based on the 06/06/2014 progress report provided by [REDACTED], the diagnoses are: 1.Cervical radiculopathy 2.Cervical pain 3.Shoulder pain According to this report, the patient complains of neck and right shoulder pain. Physical exam reveals restricted cervical and right shoulder range of motion. Tenderness and spasm are noted at the cervical paravertebral muscles on the right, right bicipital groove and subdeltoid bursa. Spurling's maneuver causes neck pain with no radicular symptoms. Hawkins test and Neer's test are positive. Motor strength test of the elbow extensor's and shoulder flexor's are a 4/5. Decreased sensation to light touch and pin prick are noted over the right C6-C7 dermatomes. There were no other significant findings noted on this report. The utilization review denied the request on 07/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/16/2013 to 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right shoulder QTY: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic Pain Treatment Guidelines; Physical Medicine C. Decision based on Non-MTUS Citation ODG (WEB)ODG Treatment Integrated Treatment Disability Duration Guidelines; Shoulder (Acute & Chronic); Back to ODG - TWC Index (updated 04/25/14)

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

Decision rationale: According to the 06/06/2014 report by [REDACTED] this patient presents with neck and right shoulder pain. The treater is requesting 18 sessions of physical therapy for right shoulder but the treating physician's report and request for authorization containing the request is not included in the file. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, the treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Furthermore, the current request of 18 sessions of therapy exceeds MTUS guidelines of 10 sessions for the type of condition this patient has. Therefore the request is not medically necessary.