

Case Number:	CM14-0117627		
Date Assigned:	08/04/2014	Date of Injury:	08/27/2012
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 licensed to practice in Illinois. 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 45-year-old female who reported an injury on 08/27/2012 who works for [REDACTED] as a teller. She was working there for 2 years. She was not having problems with her neck, shoulders, or upper extremities when she began working there. She was struck on the head and shoulders with debris from the ceiling. Pain in her neck and right shoulder. The injured worker's treatment included epidural injections, MRI, physical therapy treatment, medication, EMG/NCV, and pain management. The injured worker was evaluated on 07/18/2014 and it was documented the injured worker had 7/10 pain in the neck radiating to the head and both upper extremities. Physical examination revealed well-healed Z shaped scar on her left anterior neck. She saw the plastic surgeon who did some injections starting to hypertrophy as well. She had moderate tenderness in the neck with 1/3 normal range of motion. Her right shoulder had mild tenderness with 75% normal range of motion. Impingement testing was mildly positive. On the left, she had 25% normal range of motion with weakness in the rotator cuff and severe pain on range of motion. The provider noted the injured worker failed prior physical therapy sessions without significant benefit as well as epidural injections. Medications included Nucynta, oxycodone, Zipsor, propranolol, trazodone, tizanidine, lorazepam, and diphenhydramine. Diagnoses included degenerative disc disease cervical spine with chronic neck pain, contusion head and upper extremities aggravating pre-existing degenerative disc disease, status post cervical fusion with chronic neck pain, and bilateral shoulder pain with full thickness rotator cuff tear and SLAP tear left shoulder. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3xwk x4wks left shoulder: 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 Page(s): 98-99., Postsurgical Treatment Guidelines Page(s): 27..

Decision rationale: The request is non-certified. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. Post-Surgical treatment for rotator cuff syndrome /impingement syndrome supports up to 24 visits over 14 weeks. The documents submitted indicated the injured worker had prior physical therapy sessions however, the provider noted there was no significant benefit. The provider failed to submit documentation indicating outcome measurements for home exercise regimen. In addition, there was lack of evidence of failed medications and long-term functional goals for the injured worker. Furthermore the surgery was denied. Given the above, the request for post-operative physical therapy 3Xwk X4 wks for left shoulder is non-certified.