

Case Number:	CM14-0119454		
Date Assigned:	08/06/2014	Date of Injury:	08/02/2012
Decision Date:	09/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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 Interventional Spine 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 patient is a 45 year old male with an injury date on 8/2/12. According to progress report on 8/12/12, the patient complains of cervical, shoulder, upper extremity and lumbar pain with pain radiating into both lower extremities. Patient also reports pain in buttocks with prolonged sitting. Patient had severe left lower chest pain during postoperative physical therapy, which led therapist to suspect possible rib fracture; however, x-rays revealed normal results. Based on the 6/30/14 progress report provided by Dr. [REDACTED] the diagnoses are: s/s of neck, s/s of thoracic region, lumbar disc displacement without myelopathy, pain in joint and shoulder. This patient status was post left shoulder subacromial decompression on 3/27/14. Exam on 6/30/14 showed: antalgic gait, restricted range of motion of L-spine, especially extension at 5 degrees, severe spasm of left lumbar paraspinous musculature and right lower thoracic musculature. The left shoulder range of motion is moderately limited especially extension at 15 degrees. Dr. [REDACTED] is requesting physical therapy for the neck and left shoulder 12 sessions. The utilization review determination being challenged is dated 7/21/14 and denies request due to lack of documentation of prior physical therapy sessions. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 1/14/14 to 6/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck and left shoulder; 12 sessions: Overturned

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

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

Decision rationale: This patient presents with neck, back, shoulder, and upper extremity pain and has had left shoulder subacromial decompression surgery on 3/27/14. The treating Physician has asked for physical therapy for the neck and left shoulder 12 sessions on 6/30/14. Review of physical therapy reports from 5/11/14 to 5/27/14 indicates the patient had 12 prior sessions of therapy. The 6/17/14 report states the patient has finished a course of therapy with residual left shoulder pain. MTUS guidelines states rotator cuff syndrome Impingement syndrome and arthroscopic shoulder surgery is recommended for post-surgical physical medicine 24 visits over 14 weeks. In this case, the patient has completed 12 sessions of physical therapy with remaining functional deficits. The requested additional 12 sessions of physical therapy for the neck and left shoulder appears reasonable and within MTUS postsurgical guidelines. Recommendation is medically necessary.