MAXIMUS Federal Services

Case Number:	CM14-0126152		
Date Assigned:	08/13/2014	Date of Injury:	04/13/2010
Decision Date:	09/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/08/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 32-year-old female was injured on 11/8/2010. The mechanism of injury was listed as a shoulder injury when attempting to restrain a child from leaving through a door that led to the street while working as a school safety officer. The claimant underwent arthroscopic right shoulder surgery on 11/17/2010 and 3/28/2012. The most recent progress notes, dated 6/19/2014 and 7/31/2014, indicate that there were ongoing complaints of neck and shoulder pain. Physical examination demonstrated tenderness to the shoulder and AC joint, positive right impingement sign and supraspinatus signs, negative apprehensive, drop arm and sulcus tests. Right shoulder range of motion: Flexion 60 , abduction 165 , extension 35 , ER 60 , and IR 40 . There was also tenderness to palpation of the right cervical paraspinal/trapezius muscles with spasm. Cervical range of motion: Flexion 30 , extension 25 , lateral bending 20-25 , rotation 60-70 . Positive Spurling sign. 5/5 motor strength. Sensation intact and DTRs 2+ in upper extremities bilaterally. MRI of the cervical spine, dated 5/24/2011, demonstrated multilevel degenerative disk disease with small disk protrusions at C3-C4, C5-C6 and C6-C7. A CT scan of the right upper extremity, dated 7/11/2012, demonstrated two small 3 mm to 4 mm calcifications at the anterior glenoid, right AC joint degenerative changes, and osteopenia of the right shoulder humeral head with early degenerative changes. Plain radiographs of the right shoulder, dated 3/17/2014, were negative for fracture, dislocation or subluxation. Previous treatment included physical therapy and medications to include Norco, gabapentin, Lyrica and ibuprofen. A request had been made for physical therapy 2 x 4 neck and cervical traction, which were not certified in the utilization review on 7/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 for neck and cervical traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has chronic neck and shoulder pain since 2010. Review of the available medical records fails to document how many physical therapy sessions the claimant attended and/or any improvement in pain or function with previous physical therapy. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.