

Case Number:	CM14-0137346		
Date Assigned:	09/05/2014	Date of Injury:	10/23/2009
Decision Date:	10/02/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 58-year-old female with date of injury of 10/23/2009. The listed diagnoses per [REDACTED] dated 07/09/2014 are: 1. Impingement syndrome, left shoulder and glenoid labral tear. 2. Cervical spine degenerative disk disease. 3. Status post left shoulder debridement from 11/22/2013. According to this report, the patient continues to have left-sided neck pain and left shoulder pain which increases when she lifts or carries items. She also complains of limited range of motion with no radicular symptoms. Overall, she feels she has "improved somewhat." The patient completed her remaining sessions of physical therapy for her neck on 03/19/2014. She returns now for a maximum medical improvement evaluation. The examination of the neck shows normal lordosis and head level. There is moderate tenderness to palpation on the left trapezius. Two-point discrimination is less than 5 mm in the right and upper extremities. The left shoulder shows no subacromial tenderness. Arthroscopic incisions are well-healed. The utilization review denied the request on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3X4 ,Cervical Spine and Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: This patient presents with left-sided neck and left shoulder pain. The patient is status post left shoulder debridement from 11/22/2013. The treater is requesting 12 sessions of physical therapy for the cervical spine and left shoulder. The request is outside post-surgical guidelines. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia-, myositis-, and neuralgia-type symptoms. The physical therapy reports from 12/10/2013 to 12/27/2013 show 7 physical therapy visits for the left shoulder. The treater notes on 07/09/2014, "Given the isolated spasms and tenderness noted on the examination, I would agree to order one more month of physical therapy....The patient has reached maximum medical improvement." In this case, the patient should be able to transition into a self-directed home exercise program to improve strength and range of motion. Furthermore, the requested 12 sessions when combined with the previous 7 exceeds MTUS recommendations. Recommendation is for not medically necessary.