

Case Number:	CM14-0137492		
Date Assigned:	09/05/2014	Date of Injury:	06/05/2013
Decision Date:	10/24/2014	UR Denial Date:	08/07/2014
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 Emergency 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:

This patient has a reported date of injury of 6/5/2013. The mechanism of injury is described as a lifting injury and repetitive trauma. The patient has a diagnosis of C6-7 disc herniation with left upper extremity radiculopathy, left shoulder rotator cuff tear, left tennis elbow and bilateral carpal tunnel syndrome. Medical reports reviewed. The patient complains of neck pain radiating to the left shoulder that is associated with headaches. Left shoulder pain radiates to elbow and hand and is worse with movement of any lifting. The patient also complains of insomnia and anxiety. Objective exam reveals cervical spine paraspinal tenderness with spasms and guarding. Range of motion is intact with positive Spurling's of left side. Sensation is intact. Left shoulder exam is tender to biceps tendon and acromioclavicular joint. ROM is mildly decreased with positive supraspinatus and impingement maneuvers. Apprehension and lift-off maneuvers are negative. Left elbow with full ROM with tenderness to lateral epicondyle and radial tunnel. Wrist exam is positive for Tinel's and Phalen's bilaterally. MRI of the left shoulder (6/12/14) reveals complete rotator cuff tear with retraction of supraspinatus and partial tear of subscapularis. Moderate AC joint degeneration. MRI of the cervical spine (8/2/13) reveals 3mm disc bulge to C5-6 with mild stenosis, C6-7 with 3mm extrusion with stenosis and moderate left neural foraminal stenosis. EMG/NCV (1/13/14) revealed mild bilateral carpal tunnel syndrome. Medications include Hydrocodone, Zolpidem and Butrans. The patient has reportedly completed 12 sessions of physical therapy, cervical epidural injections and left shoulder injections with minimal improvement. Independent Medical Review is for continued physical therapy twice a week for four weeks for the left shoulder. Prior UR on 8/7/14 recommended modification to 2 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy twice a week for four weeks for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 physical therapy sessions for the diagnosis listed. The patient has already undergone 10 sessions with no improvement in symptoms. Continued physical therapy twice a week for four weeks for the left shoulder is not medically necessary.