MAXIMUS Federal Services

Case Number:	CM14-0159954		
Date Assigned:	10/29/2014	Date of Injury:	08/20/2004
Decision Date:	12/05/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

A patient with reported date of injury on 8/20/2004 injury is related to cumulative trauma. Patient has a diagnosis of lumbago, cervicalgia, carpal tunnel syndrome, displacement of cervical intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc and disorder of bursa and tendon on shoulder.Medical reports reviewed. Last report available until 8/27/14. Patient complains of neck, back and R shoulder and bilateral hand pains. Pains associated with other limb or body parts were reviewed but not included in this report. Patient complains of bilateral shoulder pains with R shoulder worst with reduced ability to lift arms. Has neck pains associated with numbness and tingling in arms. Reports decreased grip strength. Pain to shoulder is 5/10. Objective exam reveals full range of motion (ROM) of neck with bilateral paraspinal tenderness. Bilateral shoulder exam reveals limited ROM on R side and weakness and tenderness to anterior and medial shoulder with positive Hawkin's and cross-arm test. Negative dropped-arm and Yerguson test. Positive Impingement sign and L shoulder exam is similar with mildly increased ROM. Physical therapy was requested to increase range of motion and muscle strengthening.Prior reports state that shoulder has been treated with chiropractic and acupuncture with no improvement. There is no documentation of prior physical therapy. Orthopedic report dated 8/20/14 reports R shoulder MRI from 5/22/14 revealed moderate-high grade articular surface tear of supraspinatus; Tyoe 2 superior labral (SLAP) tear and hypertrophic changes with prominent inferior spur. Actual official report was not provided for review. Report also states that the shoulder pains are chronic with prior conservative management. Orthopedist does recommend additional physical therapy, injections and if failed, surgical intervention may be needed.No medication list was provided for review. Lumbar epidural steroid injection on 7/1/14 reportedly provided decrease in pain.

Acupuncture has been attempted with no improvement.Independent Medical Review is for Physical Therapy bilateral shoulders x6. Prior UR on 9/4/14 recommended denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy bilateral shoulders Qty. 6: Overturned

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

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 may be recommended under certain criteria. For patient's pain, PT may be beneficial in improving pain and mobility. Pt has had prior PT years prior that helped with pain but has not had any recent PT. As per MTUS Chronic pain guidelines, it recommends fading frequency from 3 sessions per week to 1 per weeks. MTUS guidelines also recommend a maximum of 8-10 PT sessions. Patient has signs of bilateral impingement syndrome with decreased mobility and strength. Appropriate 1st line treatment would be to attempt physical therapy. Report states that patient has a hard time performing home exercise due to pain and mobility problems. Physical therapy of bilateral shoulders x6 is medically necessary..