

Case Number:	CM14-0175002		
Date Assigned:	10/28/2014	Date of Injury:	01/17/2013
Decision Date:	12/04/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/22/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 60-year-old female with an injury data 01/17/13. Based on the 09/30/14 progress report provided by [REDACTED] the patient complains of neck pain with cervical radicular involvement and right shoulder pain rated 7/10. She is status post fluoroscopic guided right intraarticular shoulder steroid injection 08/11/14 with no improvement. Physical examination to the cervical spine revealed significant tenderness to palpation as of the cervical paraspinals bilaterally and the suboccipital region. Range of motion was limited. Examination of the right shoulder revealed tenderness to right lateral tip of shoulder, biceps tendon and anterior shoulder. Range of motion was limited, especially on abduction 90 degrees. Positive Supraspinatus/Empty Can, Drop Arm, Hawkin's and Neer's Tests. Per progress report dated 09/30/14, MRI of the right shoulder revealed acromioclavicular osteoarthritis, supraspinatus tendinitis and infraspinatus tendinitis. The patient is placed on modified activity at work. Physical Therapy notes from 07/28/14 to 09/24/14 show 11 visits. Diagnosis 09/30/14 are cervicgia with cervical disc degeneration and impingement syndrome of right shoulder. The utilization ratio determination being challenged is dated 10/08/14. [REDACTED] is the requesting provider and he provided treatment reports from with 04/16/13 - 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits for the neck and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with neck pain with cervical radicular involvement and right shoulder pain rated 7/10. The request is for 6 Physical Therapy visits for the neck and right shoulder. She is status post fluoroscopic guided right intraarticular shoulder steroid injection 08/11/14 with no improvement. Patient diagnosis dated 09/30/14 included cervicalgia, cervical disc degeneration and impingement syndrome of right shoulder. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Provider does not explain why therapy is being requested. It is not known why the patient requires formalized therapy and is unable to do home exercises. Physical Therapy notes from 07/28/14 to 09/24/14 show 11 visits. The requested additional 6 sessions would exceed what is recommended per MTUS. Therefore, this request is not medically necessary.