

Case Number:	CM14-0175063		
Date Assigned:	10/28/2014	Date of Injury:	11/30/2009
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family Practice 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 is a 55 year old female claiming who sustained a work injury on November 30, 2009 involving the right shoulder, neck and left biceps. She was diagnosed with right rotator cuff tear, right adhesive capsulitis, left bicipital tendinitis and C5 radiculopathy. In 2012 she underwent right shoulder arthroscopy with biceps tendon release and repair of a torn glenoid labrum and debridement of the rotator cuff repair with acromioplasty. She underwent postoperative physical therapy with over 20 visits. A magnetic resonance imaging (MRI) in 2012 showed that the claimant had cervical facet arthropathy and an annular tear at C6- C7. She underwent a additional physical therapy for the cervical spine. Progress notes on August 19, 2014 indicated the claimant had 8/10 constant pain. Exam findings were noted for reduced range of motion of the cervical spine with paraspinal muscle tenderness. The right shoulder had depression and protraction. There were positive impingement findings in the right shoulder. A subsequent request was made in October 2014 for 12 additional physical therapy sessions for the cervical spine, thoracic spine and both shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 to the cervical spine, thoracic and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: According to the California Medical Treatment utilization Schedule (MTUS) guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks In this case claimant had undergone over 20 sessions of physical therapy previously. There is no indication that additional therapy cannot be performed in a self based home therapy program. The additional 12 sessions of physical therapy is not medically necessary.