MAXIMUS Federal Services

Case Number:	CM14-0020511		
Date Assigned:	04/30/2014	Date of Injury:	10/12/2012
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 Reviewdeterminations.

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 injured worker is a 53-year-old woman with a date of injury of 10/12/2012. A report by [redacted] dated 07/30/2013 identified the mechanism of injury as a fall on the bus the worker operated, landing on her left knee and arm. A report by [redacted] dated 12/12/2013 identified the mechanism of injury as a fall from a chair. [redacted] visit notes dated 07/30/2013, 09/03/2013, 11/01/2013, and 01/07/2014 and [redacted] notes dated 12/12/2013 and 01/23/2014 documented the worker was experiencing pain involving the neck, left shoulder, left hand, and lower back. The documented examinations showed left shoulder and cervical region tenderness, decreased range of motion of these joints, and a positive left shoulder impingement sign. [redacted] notes also documented findings of positive cervical compression testing on the left, a positive Romberg's sign, and positive Neer and apprehension tests involving the left shoulder. The submitted documentation assessed the worker as having left shoulder impingement syndrome and a cervical disc herniation. [redacted] also reported the member had a left arm radiculopathy involving C5-6 (a problem with a nerve). The left shoulder MRI report dated 08/22/2013 described findings of left shoulder impingement, mild bursitis (swelling of a part of the joint), and a partial tear of a tendon. [redacted] note dated 12/12/2013 recommended additional physical therapy and oral medications. [redacted] note dated 01/07/2014 indicated the medications were helping. The submitted documentation did not report any further discussion of current or past treatments prior to this request or the benefits of these treatments. A Utilization Review decision by [redacted] was rendered on 02/07/2014 recommending non-certification for physical therapy of the left shoulder and cervical spine three times a week for four weeks. The initial physical therapy report dated 01/13/2014 by [redacted] and follow-up reports dated 01/17/2014 and 01/20/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT SHOULDER AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-188, 201-219,Chronic Pain Treatment Guidelines Part I - Introduction Page(s): 9.

Decision rationale: The ACOEM Guidelines recommend one to two physical therapy visits for neck and upper back complaints for the purposes of education and evaluation for home exercise. While the ACOEM Guidelines recommend exercises for improving shoulder motion and strength, these can be performed in the home environment after brief education. The MTUS Guidelines strongly recommend that all treatments for pain conditions be focused on the goal of functional restoration rather than the elimination of pain itself. Documentation of objective functional improvement is required in order to demonstrate the benefit of a treatment. The submitted documentation recorded the worker's pain intensity and examination findings. However, there was no discussion or assessment of the worker's functional level, how the function was limited by pain, or an indication of functional improvement with prior physical therapy. In the absence of such supporting documentation, the current request for physical therapy of the left shoulder and cervical spine three times a week for four weeks is not medically necessary.