MAXIMUS Federal Services

Case Number:	CM14-0022333		
Date Assigned:	02/26/2014	Date of Injury:	06/20/2012
Decision Date:	06/13/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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 is a 34-year-old female with date of injury of 06/20/2012. Per report 01/31/2014, this patient presents with diagnosis of strain/sprain of neck and shoulder, strain/sprain of the lumbar area and shoulder. Treatment plan is for physical therapy 2 times a week for 4 weeks and the patient was to continue with present medications. The treater indicates that the patient presents with followup for neck, back, left shoulder, states that the condition has improved since the last visit. Patient experienced one major pain episode but states, overall, she is feeling better. The patient has completed physical therapy 2 times a week for 4 weeks with benefit. The patient has discontinued taking medications, although the patient still has some trouble lifting the left shoulder. The treating physician indicates that the patient has shoulder range of motion with abduction at 140, flexion 150 degrees, internal rotation 60, external rotation 70. Report from 12/20/2013 is reviewed. This report has patient experiencing painful burning sensation of the left upper extremity that happens randomly. The patient was feeling better on her cervical spine until yesterday when burning pain radiated. The patient has started physical therapy, did 1 day, and she has been doing home exercise program with benefit, and the patient is taking medications as well. Examination showed abduction 110 degrees and flexion 110, internal rotation at 50 degrees. MRI of the left shoulder from 10/28/2013 showed minimal AC joint osteoarthritis, no significant internal derangement of the left shoulder. The request for physical therapy was denied by utilization review letter dated 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL PHYSICAL THERAPY TWO(2) TIMES A WEEK FOR FOUR(4) WEEKS TO THE LEFT 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: This patient presents with chronic shoulder and neck pain. MRI demonstrated AC joint osteoarthritis without significant internal derangement of the left shoulder. The treating physician has asked for 8 additional sessions. The doctor's progress report from 01/31/2014 states that the patient's pains are improving with improved range of motion, overall, benefit from physical therapy that the patient has had for 8 sessions recently. Range of motions on examination of the shoulder improved as well. MTUS Guidelines recommend up to 9 to 10 sessions for myalgia, myositis type of condition that this patient suffers from. In this case, the patient has already received 8 sessions with significant improvement. The additional requested 8 sessions would exceed what is allowed by MTUS Guidelines. Furthermore, the patient appears to be making significant progress, taking less medications, improved range of motion. The treating physician does not explain why the patient cannot transition into home exercise program and why additional physical therapy is required at this point. The request for Physical Therapy is not medically necessary.