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| Case Number: | CM14-0022528 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 05/15/2012 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 36-year-old female with a reported date of injury on 05/15/2012. The mechanism of injury was not provided within the clinical documentation available for review. The injured worker presented with constant sharp pain to the left side of her neck, left shoulder, and shoulder blade, as well as her left arm, wrist, and hand. Upon physical examination, the injured worker's cervical range of motion revealed flexion to 100%, extension to 100%, and lateral bending and rotation to 100%. In addition, the injured worker's left shoulder range of motion revealed abduction bilaterally to 180 degrees and shoulder flexion bilaterally to 175 degrees. A cervical MRI dated 08/18/2012, revealed abnormalities in the right side of C6-7. The MRI was not available for review. The left shoulder MRI dated 12/14/2012, revealed tendinopathy. According to the clinical note dated 12/05/2013, the injured worker completed 8 treatments of physical therapy for the left shoulder, the results of which were not provided within the documentation available for review. The injured worker's diagnosis included cervical disc disease, rotator cuff tendinitis, and left thoracic outlet syndrome. The injured worker's medication regimen included Daypro. The request for authorization of physical therapy, 2 times per week for 6 weeks, left shoulder was submitted on 02/24/2014. The clinical note dated 01/15/2014, the physician indicated that he recommended physical therapy for the working diagnosis of thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWO TIMES PER WEEK FOR SIX WEEKS, LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Rotator Cuff Syndrome.

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

Decision rationale: According to the California MTUS Guidelines, physical medicine is recommended. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires internal effort by the individual to complete a specific exercise or task. In addition, injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical information provided for review indicates the injured worker has 100% range of motion and there is a lack of documentation related to the injured worker's functional deficits. The guidelines recommend 8 to 10 visits over a 4-week period. According to the clinical documentation dated 12/05/2013, the injured worker has attended 8 physical therapy treatments, the results of which were not provided within the clinical information provided for review. The request for 12 additional physical therapy visits would exceed the recommended Guidelines. Therefore, the request for physical therapy, two times per week for six weeks, left shoulder is not medically necessary.