MAXIMUS Federal Services

Case Number:	CM14-0029874		
Date Assigned:	06/20/2014	Date of Injury:	01/25/2010
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 and is licensed to practice in Alabama. 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 45 year old male who was injured in 2009 when he felt an onset of discomfort in his right hand while at work related to the repetitive nature of his work but on 01/25/2010, his chair imbalanced and he fell backwards. He placed his right arm up and it struck the wall. He has pain in his right shoulder and right hand. The patient underwent right shoulder arthroscopic surgery in 08/2010 and left shoulder arthroscopic surgery in 02/2013. He underwent therapy after each surgery which provided him benefit. Ortho consult note dated 02/10/2014 reported the patient complained of right hand numbness and right wrist pain at all times that especially increased with typing and left shoulder pain whenever he reaches for anything. Objective findings on exam revealed the cervical spine revealed right Spurling maneuver and pain radiating to the right upper back. He had negative cervical compression test. Bilateral shoulder examination revealed tenderness over the bicipital grooves bilaterally. Range of motion of the shoulders revealed forward flexion was 170 bilaterally; abduction 170 bilaterally; external rotation 55 bilaterally and internal rotation T12. Motor strength is 5/5 bilaterally. Impingement and Hawkins signs are positive on the left and cross-adduction and O'Brien sign were mildly positive on the right. Diagnoses are C5-6 spondylosis andleft shoulder probable recurrent impingement syndrome. The treatment and plan included physical therapy twice a week for 4 weeks with emphasis on cervical spine range of motion and left shoulder range of motion.Prior utilization review dated 03/03/2014 states the request for physical therapy twice a week for 4 weeks to the neck and left shoulder is not supported but there is no documented rationale for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 4 wks Neck/Left Shoulder (8): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back; Shoulder, Physical Therapy.

Decision rationale: The MTUS guidelines for physical medicine state to "allow for fading treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The ODG guidelines listed above state that for cervicalgia and cervical spondylosis physical therapy can be recommended for "9 visits over 8 weeks" and for shoulder rotator cuff syndrome/impingement syndrome "medical treatment 10 visits over 8 weeks" or "post surgical treatment, arthroscopic: 24 visits over 14 weeks." In this case the patient has undergone shoulder arthroscopic surgery on 2/2013, and in 2/2014 arrived to clinic for evaluation of shoulder and hand pain, with a diagnosis of "cervical spondylosis" and "probable recurrent impingement syndrome." The patient had a course of therapy after arthroscopic surgery which was reported to have helped. One year later the patient is complaining of further pain and has not undergone physical therapy for those current complaints. Based on above guidelines, the request for physical therapy to the neck and shoulder 2 times a week for 4 weeks is medically necessary.