

Case Number:	CM14-0030804		
Date Assigned:	06/20/2014	Date of Injury:	05/22/2013
Decision Date:	07/17/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/11/2014

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 Texas and New York. 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 41-year-old female who reported an injury on 05/22/2013 due to a child that jumped off monkey bars and grabbed her neck. The injured worker had chronic neck pain, right shoulder pain and pain that involves the right arm. Physical examination 05/13/2014 revealed decrease range of motion in cervical neck and right shoulder. Manual muscle strength in bilateral upper extremities was 5/5 except with give away weakness right upper limb due to pain. Spurling test was questionable positive. Impingement sign was positive at the right shoulder. Surgeries reported were right knee arthroscopy, right shoulder arthroscopy, bladder sling and upper endoscopy. Diagnostic studies noted in the document were x-ray of cervical spine, CT scan of cervical spine, MRI right shoulder. Patient has had multiple physical therapy sessions. Medications were soma 350mg three times a day, lorazepam 1mg four times a day, oxycodone 10mg four times a day, Lexapro 20mg one daily, Neurontin 300mg three times a day, and Nexium 40mg one daily. The diagnoses were right shoulder sprain/strain with frozen shoulder syndrome, myofascial pain syndrome, chronic cervicgia with possible radicular pain, chronic pain syndrome with significant anxiety and depression. The treatment included medication adjustment, home exercise, chiropractic adjustment, physical therapy, interventional pain procedures, acupuncture and surgery if indicated. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 ADDITIONAL PHYSICAL THERAPY SESSIONS, 3 TIMES WEEKLY FOR 6 WEEKS, FOR THE RIGHT SHOULDER: 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: The request for 18 additional physical therapy sessions, 3 times weekly for 6 weeks, for the right shoulder is not medically necessary. The injured worker has had multiple physical therapy sessions with no improvement documented. California Medical Treatment Utilization Schedule states active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The injured worker did not state that she is actively exercising at home. In addition, the guidelines state allow for fading of treatment frequency (from up to three visits per week to one or less), plus self-directed home physical medicine. The request submitted asks for more visits than allowed by the guidelines. Therefore, the request is not medically necessary.