

Case Number:	CM14-0034716		
Date Assigned:	06/20/2014	Date of Injury:	04/13/2012
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery 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:

The patient is a 40-year-old female who sustained an injury to the right shoulder, upper extremity and neck in work related accident on 04/13/12. The clinical report of 01/06/14 documented numbness and tingling into the right hand and neck pain with radiating shoulder pain in addition to complaints of a headache. The report documented specifically that the claimant denied a new injury or complaints since the previous assessment. Examination revealed restricted range of motion of the right shoulder compared to the left, tenderness over the right shoulder and cervical spine but there was no documentation of neurologic findings. Diagnosis was right shoulder rotator cuff tear and cervical sprain. Recommendation was made for a urine drug screen, continuation of medication management and continuation of physical therapy for eight sessions for both the neck and right shoulder. The records provided for review identify that the claimant had a significant course of physical therapy since the time of injury for the same working diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times four for the cervical spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the proposed physical therapy for the cervical spine and shoulder cannot be recommended as medically necessary. The Chronic Pain Guidelines only recommend physical therapy for acute symptomatic flare of symptoms. The documentation indicates the claimant has already had a course of formal physical therapy. There is no documentation to indicate that the claimant is experiencing an acute exacerbation of symptoms to satisfy the Chronic Pain Guidelines. Therefore, continued use of formal physical therapy at this chronic stage in claimant's course for a diagnosis of a cervical strain and shoulder rotator cuff tear would not be indicated as medically necessary.