MAXIMUS Federal Services

Case Number:	CM14-0036211		
Date Assigned:	06/25/2014	Date of Injury:	05/25/2012
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 49 year old female who reported an injury on 05/25/2012 due to being struck by a client with his fist at the right scapular/neck area. The injured worker complained of headaches that started the date of injury. The pain begins in the neck and then spreads to the occipital area bilaterally and then forward to the temporal parietal areas bilaterally. The headaches are occurring daily and consist of an aching and pounding pain. Physical examination of the injured worker's neck revealed there was some tenderness at the occipital nuchal areas bilaterally, more so the right than the left. No carotid bruits. There was slight tenderness at the midline posteriorly. Exam of her back revealed slight tenderness at the midline posteriorly to the lumbar region. The injured worker was able to elevate her trapezius muscles bilaterally equally, but she did have pain at the right side. The injured worker was able to abduct the right shoulder only to about 90 degrees because of pain. Range of motion to upper extremities were within normal limits. The injured worker has a diagnosis of right shoulder impingement syndrome. The injured has had physical therapy, acupuncture, exercises and medication therapy. Medications include Flexeril, Pantoprazole, Metformin, Hydrochlorothiazide, Losartan, Atorvastatin and unspecified topical creams/ointments, Dosage and frequency were not documented. The treatment plan is for physical therapy 2xwk x 4wks right shoulder. The rationale was not submitted for review. The request for authorization was submitted on 01/09/2014 by [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 4WKS RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder (updated 01/20/14), Physical Therapy Guidelines, Rotator cuff syndrome/impingement syndrome.

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

Decision rationale: The submitted report contained no subjective complaints regarding the injured worker's right shoulder. The injured worker complained of headaches that started the date of injury. The pain begins in the neck and then spreads to the occipital area bilaterally and then forward to the temporal parietal areas bilaterally. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that 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 an internal effort by the individual to complete a specific exercise or task. Physical Medicine Guidelines, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. The guidelines state that Physical Therapy can provide short term relief during the early phases, the injured worker is no longer in the early phases of pain treatment. Documentation revealed that the injured worker has had exercise, acupuncture and medication. There was no evidence showing whether they helped with any functional deficits. The submitted report lacked any evidence of measurable pain on the injured worker. The report also lacked any objective findings to the right shoulder. Furthermore given the above guidelines, the request submitted exceeds recommended MTUS guidelines on physical therapy sessions. As such, the request for eight (8) physical therapy sessions for right shoulder is not medically necessary and appropriate