

Case Number:	CM14-0036779		
Date Assigned:	06/25/2014	Date of Injury:	01/20/2012
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 Illinois. 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 38-year-old male with a reported date of injury on 01/20/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with persistent neck and low back pain, as well as right shoulder and right upper extremity pain. The injured worker was status post right shoulder surgery on 11/13/2013. The MRI of the cervical spine, dated 10/15/2012, revealed to be negative, the official results were not provided within the documentation available for review. The MRI of the right shoulder, dated 02/15/2013, revealed osteoarthritis and tendinosis with surgical repair of the right shoulder. The physician noted that the EMG, dated 02/11/2013, was noted to be within normal limits. According to the clinical documentation provided the injured worker has previously attended 39 physical therapy visits. Upon physical examination, the injured worker's right shoulder range of motion revealed flexion to 80 degrees, abduction to 75 degrees, and external rotation to 30 degrees. In addition, the clinical information indicated the injured worker was severely impaired in activities of daily living. The injured worker's diagnoses included chronic neck pain, right shoulder pain, right knee pain, and chronic low back pain. The injured worker's medication regimen included Norco, naproxen, Flexeril, and Ambien. The Request for Authorization for physical therapy 2 times a week times 6 weeks to the right shoulder was submitted on 03/11/2014. The physical therapy documentation indicated that the injured worker had significant pain and range of motion deficits that requires skilled therapy to normalize and allow the injured worker to return to previous level of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 6wks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine as indicated. Active therapy is based on the philosophy that 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. 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. For neuralgia, neuritis, and radiculitis unspecified, the guidelines recommend 8 to 10 visits over a 4 week period. The guidelines recommend for reflex sympathetic dystrophy (CRPS) 24 visits over a 16 week period. According to the physical therapy note dated 02/17/2014, the injured worker has attended 39 physical therapy visits. There is a lack of documentation related to the therapeutic and benefit in functional ability related to the previous physical therapy visits. In addition, the request for an additional 12 physical therapy sessions exceeds the recommended guidelines. Therefore, the request for physical therapy 2 times a week times 6 weeks right shoulder is not medically necessary.