

Case Number:	CM14-0039812		
Date Assigned:	07/09/2014	Date of Injury:	05/25/2012
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year old male with a work injury dated 5/25/12. The diagnoses are right shoulder subacromial impingement syndrome. Under consideration is a request for Physical Therapy 1 x Week x 6 Weeks Cervical, Thoracic, Lumbar and Right Shoulder. There is a primary treating physician report dated 10/16/13 that states that the patient returns today with complaints of persistent right shoulder pain, He notes that the prior injection lasted for four weeks then his symptoms recurred. Range of motion of the right shoulder is decreased. There are positive impingement signs of the right shoulder. The right hand grip strength is decreased as compared to the left. Sensation to pinprick and light touch is intact in the bilateral upper extremities as is proprioception. The patient notes that he would like to procedure with surgical intervention. There is an authorization requested for right shoulder arthroscopy, intra-articular surgery and subacromial decompression after failed conservative treatment which included activity modifications, physiotherapy, and medication and injection, without long term improvement. There is a request for post op therapy. There is a PR-2 (progress) Report dated 01/15/14 that states that the patient complained of pain in the neck, upper back, lower back and right shoulder. The patient also experienced anxiety and depression. On examination, sensation to light touch was intact in the right lateral shoulder, right index tip, and right dorsal thumb web and right small tip. There is a request for physical therapy once a week for 6 weeks, cervical, thoracic, lumbar and right shoulder. Per documentation the patient has already completed 12 therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 x Week x 6 Weeks Cervical, Thoracic, Lumbar and Right Shoulder:
Upheld

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

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

Decision rationale: Physical Therapy 1 x Week x 6 Weeks Cervical, Thoracic, Lumbar and Right Shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the recommendations for this condition are up to 10 visits. The patient has already had 12 visits per documentation submitted. The documentation fails to reveal the efficacy of the prior 12 visits of therapy. An additional 6 therapy sessions would further exceed the guideline recommendations. Without evidence of functional improvement from the prior 12 sessions, the request for Physical Therapy 1 x Week x 6 Weeks Cervical, Thoracic, Lumbar and Right Shoulder is not medically necessary.