

Case Number:	CM14-0044720		
Date Assigned:	07/02/2014	Date of Injury:	09/07/2007
Decision Date:	08/15/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in Interventional Spine 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 57 year-old with an injury date on 9/7/07. Patient complains of neck and back pain that radiates into the shoulders and arms per 3/6/14 report. Patient describes pain as sharp, stabbing, tingling, aching, and patient rates pain at 9/10 per 3/6/14 report. Patient's pain is exacerbated any time she does activities (pushing, pulling, lifting) with her arms, and particularly her right shoulder has limited range of motion, pain with movement, and tenderness in right trapezius and biceps tendon per 3/6/14 report. Based on the 3/6/14 progress report provided by [REDACTED] the diagnoses are: 1.Frozen Shoulder2.Impingement, Shoulder3.Complete Rotator Cuff Rupture4.Rotator cuff syndrome, bursitisExam on 3/6/14 showed range of motion of shoulder has left forward flexion at 170 degrees, right forward flexion at 100 degrees, left abduction is 80 degrees, right abduction is 170 degrees. Paresthesias to light touch in C8 dermatome right hand. [REDACTED] is requesting physical therapy 2 times a week for 6 weeks bilateral shoulders. The utilization review determination being challenged is dated 3/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/29/13 to 3/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks Bilateral Shoulders: Upheld

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

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

Decision rationale: This patient presents with bilateral shoulder pain, neck pain, and back pain. The treater has asked for physical therapy 2 times a week for 6 weeks bilateral shoulders on 3/6/14. The 3/6/14 report states patient does home exercise program with therabands and water walking in a pool, but is afraid to do it recently due to increased pain. Review of the report shows no recent history of physical therapy or surgeries. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Given the lack of any therapy treatments in the recent past a short course of 8-10 sessions may be supported by MTUS but not the requested 12 sessions. Recommendation is for denial.