

Case Number:	CM14-0045651		
Date Assigned:	06/27/2014	Date of Injury:	01/07/2010
Decision Date:	08/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old female who has submitted a claim for brachial neuritis/radiculitis and rotator cuff impingement and partial thickness rotator cuff tear associated with an industrial injury date of January 7, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck, right upper back and right shoulder pain accompanied by tingling of the fingers bilaterally. Physical examination revealed tightness and tenderness over bilateral cervical paraspinal muscles. Trigger points in the bilateral upper trapezius muscles and right middle trapezius muscle were noted. Treatment to date has included physical therapy, chiropractic treatment, a home exercise program, TENS, shoulder arthroscopy, debridement of rotator cuff and decompression via acromioplasty (11/12/13), cervical traction, and medications, which include Celebrex, Flexeril, Duexis, Lyrica, Ibuprofen, Voltaren gel and Lidoderm patch. Utilization review from March 11, 2014 modified the request for Physical Therapy 2 x 6 (right shoulder/cervical spine) QTY: 12 to Physical Therapy 1 x 6 (right shoulder/cervical spine) QTY: 6 for instruction and oversight of an independent home exercise program (HEP) and strengthening consistent with guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapist 1x6 (right shoulder/cervical spine) QTY: 12.00: 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 Shoulder(updated 01/20/14) Physical Therapy. Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy; Shoulder, Physical Therapy.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 10 visits over 8 weeks for strains and sprains of the neck, and rotator cuff syndrome/impingement syndrome of the shoulder; and 24 visits over 14 weeks for post-surgical treatment (RC repair/acromioplasty) of sprained shoulder/rotator cuff. In this case, the patient has completed an unknown number of PT sessions following the injury in 2010, and as cited from previous UR done 3/11/14, 19 completed post-operative PT sessions. It is therefore expected that the patient has received more than an adequate number of supervised PT sessions for his condition that he should be well versed in a self-directed home exercise program. Furthermore, the present request exceeds the number of PT sessions recommended by the guidelines as he has already been certified 24 sessions of post-op PT and has completed 19 of those sessions. It is unclear as to why additional physical therapy sessions are needed. In addition, UR dated 3/11/14 already certified 6 additional PT sessions to allow instruction for an independent home exercise program. Therefore, the request for Physical Therapist 1x6 (right shoulder/cervical spine) QTY: 12.00 is not medically necessary.