

Case Number:	CM14-0046181		
Date Assigned:	07/02/2014	Date of Injury:	06/21/2012
Decision Date:	08/01/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 52 year old female with an injury date on 06/21/2012. Based on the 02/27/2014 progress report provided by [REDACTED], the diagnoses are a C7-T1 facet fracture, malunion, and instability, right cervical radiculopathy, C4-5 moderate foraminal stenosis, status post C5-7 fusion in February 2011 and status post C5-C7, cervical fusion at C6-C7, C7-T1 anterior cervical discectomy and fusion with cage. The exam on 02/27/2014 reveals positive impingement sign on the right and a slight decrease of the right shoulder range of motion. The exam on 01/15/2014 on reveals tenderness at the cervical paraspinals muscle, right trapezius muscle, and right deltoid muscle. On 07/24/2013, the patient had a C7-T1 anterior cervical discectomy and fusion. [REDACTED] is requesting physical therapy 2 times a week for 4 weeks. The utilization review determination on 03/11/2014 is being challenged. [REDACTED] is the requesting provider, and he provided treatment reports from 09/25/2013 to 04/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy additional, two times a week for four weeks, right shoulder, QTY:8:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

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

Decision rationale: According to the 02/27/2014 report by [REDACTED], this patient presents with right shoulder pain that is improving and the patient is continuing with conservative care including a home exercise program. The physician is requesting physical therapy 2 times a week for 4 weeks. A review of the report on 01/17/2014 from the [REDACTED] indicates that the patient has had 5 sessions post-operative therapy with improvement. The "patient reports significant pain relief within the last 2 days, pain free range of motion right upper extremity flexion, internal rotation at 90 degrees ABD 60 pain free cervical mobility 75% of within normal limits with pain at end range and good compliance with home program instructions." Per the 01/15/2014 report, "the patient is working her usual and customary duties." This patient is outside of post-surgical time-frame and therapy treatments and for non-operative therapy treatments, MTUS guidelines page 98 and 99 allow 9-10 visits for myalgia, myositis, which is the type of condition this patient suffers from. In this case, the patient continues to receive treatments including steroid injection into the right shoulder and continues with the home exercise program. The physician does not mention why additional therapy is needed other than to continue therapy based on the patient's complaints. The patient has returned to modified work as well but continues to have significant loss of range of motion. Given that the patient is now outside of post-operative time frame, another short course of therapy can be technically provided based on MTUS. Therefore the request is medically necessary.