

Case Number:	CM14-0047036		
Date Assigned:	07/02/2014	Date of Injury:	11/21/2012
Decision Date:	08/27/2014	UR Denial Date:	03/21/2014
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 & Rehabilitation, 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 injured worker is a 28-year-old female who reported injury on 11/21/2012. The mechanism of injury was a slip and fall on a tomato. The surgical history was stated to be none. The injured worker underwent an MRI of the left shoulder and a CT of the left shoulder as well as an MR arthrogram of the left shoulder. The prior treatments included physical therapy and medications. The medications included Naproxen, Theramine, and Soma and surgical history is noncontributory. The injured worker underwent an X-Ray of the cervical spine and an MRI of the left elbow. There was an undated DWC Form RFA requesting physical therapy 2 times 4. The documentation of 01/24/2014 revealed the injured worker had a physical examination with tenderness to palpation of the suboccipital muscles, scalene, and over the sternocleidomastoid muscles. Trigger points were noted in the left upper trapezius. The injured worker had decreased range of motion in the cervical spine. The injured worker had a positive cervical distraction test and maximal foraminal compression test bilaterally and a positive shoulder depression test on the left. The physical examination of the left shoulder revealed +2 tenderness to palpation at the AC joint and subacromial space as well as +2 tenderness to palpation at the supraspinatus and infraspinatus muscles and the tendon attachment sites. The injured worker had decreased range of motion in the left shoulder. The injured worker had a positive supraspinatus test on the left. The injured worker had +2 tenderness to palpation at the olecranon on the left elbow. The injured worker had decreased range of motion in pronation and supination of the left elbow. The sensation was decreased over the C6 and C7 dermatomes in the left upper extremity. The injured worker had motor strength that was decreased to pain secondary to pain in the left upper extremity. The diagnoses included sprain of ligament cervical spine, rule out cervical disc displacement unspecified cervical region, radiculopathy cervical region, sprain/strain of the left shoulder, rotator cuff of left shoulder, pain in left elbow, left elbow olecranon bursitis,

unspecified anxiety disorder, depressive disorder NOS, acute stress reaction and unspecified nonorganic sleep disorder. The treatment plan included medications, Ketoprofen, Cyclophene, Tabradol, Fanatrex, Synapryn, Dicopanol, and Deprizine. The treatment plan additionally included X-Rays of the cervical spine, left shoulder and left elbow, a TENS unit, hot and cold unit, physical therapy and acupuncture for the cervical spine, left shoulder, and left elbow in a frequency of 3 times a week for 6 weeks, shockwave therapy 3 treatments for the left shoulder and left elbow and 6 treatments for the cervical spine, Terocin patches, Functional Capacity Evaluation, MRI of the cervical spine, left shoulder, and left elbow, and EMG/NCV of the right and left upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x Wk x 4 Wks cervical, left shoulder, left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Neck & Upper Back 9updated 03/07/14 Physical TherapyShoulder(updated 01/20/14), Elbow(updated 02/14/14).

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for 9 to 10 visits and for neuralgia, neuritis, and radiculitis 8 to 10 visits. The clinical documentation submitted for review indicated the injured worker had been treated with physical therapy. There was a lack of documentation of objective functional deficits to support the necessity for ongoing physical medicine treatment. There was a lack of documentation of the quantity of sessions that were provided and objective functional benefit that was received. Given the above, the request for Physical Therapy 2 times a week times 4 weeks cervical, left shoulder, and left elbow is not medically necessary.