

Case Number:	CM14-0048880		
Date Assigned:	06/25/2014	Date of Injury:	04/01/2008
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old male who was injured on 4/1/08. He was diagnosed with brachial neuritis/radiculitis (right-sided C5 distribution) confirmed on MRI, cervical stenosis, cervical spondylosis, and shoulder weakness (right). He was treated with cervical epidural injections, surgery (cervical), physical therapy (shoulder). He was seen on 2/18/14 complaining of pain and instability in his right shoulder which has progressed over an undisclosed duration of time to the point of having the feeling of the right shoulder almost coming out of the socket, reportedly. The worker reported that he had experienced some benefit from physical therapy in the past for his shoulder (no reports available to assess this objectively). He was diagnosed with instability in his right shoulder and recommended physical therapy for 24 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to right shoulder qty 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC Shoulder procedure summary updated (12/27/2013), Physical Therapy Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines suggest that physical is recommended, but with the following suggestions. The passive therapy should be limited to a short-term duration initially after the injury and sparingly afterwards. The goal of physical therapy in general is to move the patient more towards an active approach to the therapy, eventually becoming independent of the physical therapist or supervision to the point where they can comfortably and effectively perform exercises at home regularly in order to continue their therapy. For muscle strains/sprains and other non-neuropathic pain the MTUS suggests up to 9-10 physical therapy visits over 8 weeks initially. Thereafter, it is allowed for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy. In the case of this worker, he attended 24 sessions of physical therapy initially, but continues to experience pain and instability. This is already beyond the recommended duration and frequency, and this worker should have already implemented a home exercise routine to continue afterwards. It is not documented that this worker had special circumstances that would justify continuation of supervised and passive physical therapy such as difficulty with home exercises, nor is there documented evidence of success with supervised physical therapy sessions. Also, it appears to be still questionable if shoulder therapy will help what may very well be cervical nerve impingement causing weakness in the shoulder and upper arm area, which is the C5 distribution, which would require more direct intervention to the neck as opposed to the shoulder, which would be ultimately limited. Therefore, the request for twenty four (24) physical therapy sessions to right shoulder is not medically necessary.