

Case Number:	CM14-0063983		
Date Assigned:	07/11/2014	Date of Injury:	09/10/2012
Decision Date:	09/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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, 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 62-year-old male who reported an injury on 09/10/2012. The mechanism of injury was not documented in the submitted reports. The injured worker has diagnoses of head injury status post craniotomy, acute cervical strain, rule out disc herniation, bilateral upper extremity radiculitis, and bilateral shoulder rotator cuff syndrome. The injured worker's past medical treatment consists of occupational therapy, group therapy, psychotherapy, and medication therapy. Medications include Wellbutrin XL 150 mg, Pristiq 100 mg, Namenda XR 28 mg, Androgel 1.62%, and Abilify 5 mg. There are no pertinent diagnostics submitted for review. The injured worker is status post craniotomy. It is not documented the date this took place. The injured worker complained of pain of his head, cervical spine, bilateral shoulders, and bilateral upper extremity. The injured worker rated his cervical pain at an 8/10 and frequent, bilateral shoulder pain at 3/10 and frequent, and also reported that his pain level in general went from a 9/10 to a 4/10 after medication. Physical examination dated 06/12/2014 revealed that the cervical spine had tenderness in the midline and hypertonicity over the bilateral trapezoids and bilateral levator muscles. The injured worker had limited flexion and extension due to pain. He also had a positive Spurling's sign on the right and the left. No spasticity or clonus was noted. The treatment plan is for the injured worker to continue with physical therapy of the left shoulder. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder, 2 times a week for 6 weeks, QTY: 12: 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 (ODG), Shoulder (updated 03/31/14) Physical Therapy.

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

Decision rationale: The request for Physical therapy for the left shoulder, 2 times a week for 6 weeks, QTY: 12 is non-certified. The injured worker complained of pain of his head, cervical spine, bilateral shoulders, and bilateral upper extremity. The injured worker rated his cervical pain at an 8/10 and frequent, bilateral shoulder pain at 3/10 and frequent, and also reported that his pain level in general went from a 9/10 to a 4/10 after medication. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Physical Medicine Guidelines-Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. The Guidelines state that physical therapy can provide short-term relief during the early phases. The injured worker was no longer in the early phases of pain treatment. Documentation revealed that the injured worker has had exercise, occupational therapy, and medication therapy. There was no evidence showing whether they helped with any functional deficits that the injured worker may have had. The report also lacked any objective findings to the left shoulder. Furthermore, given the above Guidelines, the request submitted exceeds the recommended MTUS Guidelines on physical therapy sessions. As such, the request for Physical Therapy for the left shoulder, 2 times a week for 6 weeks is not medically necessary.