

Case Number:	CM14-0068926		
Date Assigned:	07/14/2014	Date of Injury:	01/12/2012
Decision Date:	08/12/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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 Pain Management 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:

This is a female patient with the date of injury of January 12, 2012. A progress report dated April 10, 2014 identifies subjective complaints of pain in her neck and right shoulder continue to remain unchanged. Objective findings identify decreased cervical spine range of motion. There is tenderness to palpation along the cervical paraspinal musculature. There is positive Spurling's test. Decreased right shoulder range of motion. There is tenderness to palpation on the greater tuberosity of the humerus. Impingement maneuvers are positive. Diagnoses identify cervical spine strain/sprain, herniated cervical disc, with radiculopathy, right shoulder strain/sprain, tendinitis, impingement, rotator cuff pathology, cephalgia, history of head trauma with scalp laceration, and symptoms of insomnia. The treatment plan identifies continue physical therapy 2 times a week for the next 6 weeks, focusing on the cervical spine and right shoulder. The focus should include strength training, increasing range of motion, and decreasing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for six weeks to the cervical spine right shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 200, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy and Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy two times a week for six weeks to the cervical spine right shoulder, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. The ODG goes on to recommend 10 physical therapy visits. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In addition, the request exceeds guidelines. In light of the above issues, the current request for physical therapy two times a week for six weeks to the cervical spine right shoulder is not medically necessary.