

Case Number:	CM14-0085077		
Date Assigned:	07/23/2014	Date of Injury:	01/28/2013
Decision Date:	09/23/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family Medicine 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 55 year old male whose date of injury is 01/28/13. The injured worker was in a motor vehicle accident and injured the neck, right shoulder and middle back. Treatment to date includes right shoulder arthroscopic subacromial decompression, acromioclavicular joint resection and rotator cuff repair on 06/25/13 followed by 45 sessions of postoperative physical therapy. The injured worker has also attended 17 chiropractic visits for the cervical spine. Follow up note dated 07/09/14 indicates that he has received trigger point injections with one week of relief. The injured worker rates his pain as 6/10. Cervical range of motion is limited only in right lateral bending to 30 degrees. Spurling's is negative bilaterally. Sensation is decreased in the right C5 distribution. Strength is rated as 5/5 throughout. Impression notes cervical radiculitis, C6; myofascial pain syndrome; cervicogenic headache, resolved; right shoulder pain; and cervical facet arthropathy. The injured worker was determined to have reached maximum medical improvement as of 07/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) to the neck and right shoulder two (2) times per week over three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter neck, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for physical therapy to the neck and right shoulder two times per week over three weeks is not recommended as medically necessary. The injured worker has undergone extensive physical therapy and chiropractic treatment and has been determined to have reached maximum medical improvement for the both the shoulder and the cervical spine. California MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.