

Case Number:	CM14-0095466		
Date Assigned:	07/23/2014	Date of Injury:	07/21/2013
Decision Date:	10/02/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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 Orthopedic Surgeon and is licensed to practice in Arizona. 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 29-year-old female with a date of injury on 8/6/2013. She was lifting a case of beer and felt a sharp pain in her neck which radiated to her right scapular area and the development of winging of her right scapula. The progress note of 4/21/2014 states the patient is having less pain in the neck and scapular area but continues to have winging of her right scapula. The provider states that the patient has had completed 8 sessions of physical therapy. However, the record reflects that from December 2013 until April 2014 the patient has had 16 sessions of physical therapy. There is no documentation that the patient is engaged in a home exercise program. There is a request for an additional 6 sessions of physical therapy for scapula winging or scapula dysrhythmia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Trial x 6 visits for Scapular Dysrhythmia: 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 - Shoulder (updated 04/25/14)

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

Decision rationale: This patient has had approximately 16 sessions of physical therapy. The therapy was a combination of passive and active therapy. According to the chronic pain guidelines for physical therapy, patients should be instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. There is no documentation that the patient was on a home exercise program during this time. The chronic pain guidelines state that for myalgia and myositis 9-10 visits over 8 weeks and for neuralgia or neuritis 8-10 visits over 4 weeks. This patient has exceeded the recommended physical therapy and there is no documentation of an active self-directed home physical medicine program. Therefore, the medical necessity for further physical therapy has not been demonstrated.