

Case Number:	CM14-0095526		
Date Assigned:	07/25/2014	Date of Injury:	03/13/2013
Decision Date:	10/01/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Illinois. 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 38 year old female who reported an injury on 03/13/2013. Mechanism of injury not provided. The injured worker had diagnoses of complex regional pain syndrome referable to right upper limb, cervical strain, trigger point/myofascial pain in shoulder. The past treatment included medications, physical therapy, and a cortisone injection to the right posterior scapula trigger point on 06/02/2014. Diagnostic testing included an EMG/NCV study of right upper extremity on 05/09/2013 with normal findings, an x-ray of the right shoulder on 06/02/2014 revealed type II-III thick acromion with good GH7 AC joint spaces, and an MRI of upper extremity joint without contrast on 06/02/2014. Surgical history was not provided. The injured worker complained of dull achy pain over the top right shoulder/trapezius region on 06/02/2014. The injured worker described pain with lifting her arm from her side, stiffness, and she was unable to raise her arm. The physical examination revealed an obvious trigger point area over the posterior superior medial R scapula. Range of motion of the shoulders showed abduction on the right was 95 degrees, left was 150 degrees, forward elevation on the right was 135 degrees, left was 150 degrees, internal rotation on the right was to L1, left was to T7, external rotation on the right was 55 degrees, and on the left it was 75 degrees. The passive elevation of right shoulder was 145 degrees and muscle strength was 5 -/5 with pain exhibited along all muscle groups in the right shoulder. Medications included Ibuprofen. The treatment plan is for physical therapy 3xwk x 3wks to right shoulder. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xwk x3wks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Physical Therapy

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

Decision rationale: The request for physical therapy 3xwk x 3wks of right shoulder is not medically necessary. Range of motion of the shoulders showed abduction on the right was 95 degrees, left was 150 degrees, forward elevation on the right was 135 degrees, left was 150 degrees, internal rotation on the right was to L1, left was to T7, external rotation on the right was 55 degrees, and on the left it was 75 degrees. The passive elevation of right shoulder was 145 degrees and muscle strength was 5 -/5 with pain exhibited along all muscle groups in the right shoulder. The California MTUS guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus participation in an active self-directed home physical medicine program. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks. There is a lack of documentation indicating the total number of sessions of physical therapy the injured worker has completed. There is a lack of documentation of initial or interim evaluations to determine the injured worker's progress. There is a lack of documentation indicating the injured worker is compliant with participation in a home exercise program. Therefore the request for physical therapy 3xwk x 3wks of right shoulder is not medically necessary.