

Case Number:	CM14-0008076		
Date Assigned:	02/12/2014	Date of Injury:	05/29/2012
Decision Date:	03/10/2015	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 29-year-old male, who sustained an industrial injury on 5/29/2012. He has reported severe right shoulder clavicle pain. The diagnoses have included partial thickness tear of the infraspinatus, partial thickness tear of supraspinatus, and fraying of the labrum revealed by Magnetic Resonance Imaging (MRI). Treatment included right shoulder repair on 3/6/2013. Pain persisted and per electromyogram nerve damage was diagnosed to right brachial plexus and bilateral carpal tunnel syndrome. Treatment to date has included trigger point injection, pain medication, physical therapy, and right shoulder manipulation under anesthesia. Currently on November 11, 2013, the IW complains of post surgical shoulder pain, cervical pain and thoracic pain. Diagnoses included traumatic right shoulder impingement syndrome, status post right shoulder arthroscopic repair, cervical sprain/strain, brachial plexus nerve injury. Plan of care included chiropractic case one to two times per week and physical therapy two to three times a week. The records indicated suggestion for a spinal nerve stimulator. PR-2 documentation from December 2013, did not include objective findings. PR2 dated 10/7/2013 listed diagnosis as right shoulder impingement with complaints of persistent right shoulder pain. Right shoulder Passive Range of Motion (PROM) was decreased from normal. On 1/14/2014 Utilization Review non-certified physical therapy two times a week for six weeks for right shoulder, cervical spine and upper thoracic for a total of twelve (12) visits, noting insufficient documentation of most recent functional data and continued symptoms. The MTUS and ODG Guidelines were cited. On 1/22/2014, the injured worker submitted an application for IMR for

review of physical therapy two times a week for six weeks for right shoulder, cervical spine and upper thoracic.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 6WKS RIGHT SHOULDER, CERVICAL SPINE, UPPER THORACIC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the right shoulder, cervical spine and upper thoracic is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder girdle internal derangement; status post right arthroscopic RCR (3/6/13); brachial plexus injury medication induced gastritis; and successful trial of cervical SCS, 11/14/13. Subjectively, the injured worker complains of increased neck pain and right shoulder. Objectively, there was tenderness palpation over the cervical paraspinal muscle groups, upper trapezius and medial scapular regions bilaterally. There was tenderness along the clavicle and there appears to be a dislocation. The injured worker had extensive conservative management with ongoing postoperative physical therapy which often causes a flare-up of right shoulder pain. There is no request for additional physical therapy documented in the progress note December 6, 2013. Additionally, the guidelines dictate when treatment duration and a number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation to support ongoing or additional physical therapy, physical therapy two times per week times six weeks to the right shoulder, cervical spine and upper thoracic is not medically necessary.