

Case Number:	CM14-0170797		
Date Assigned:	10/23/2014	Date of Injury:	01/27/2014
Decision Date:	04/03/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/15/2014

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
 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 27 year old male who sustained an industrial injury on January 27, 2014. He has reported pain in the head and right shoulder and has been diagnosed with status post closed head injury without loss of consciousness with facial laceration, mild traumatic head injury, post traumatic headaches with associated numbness, and posttraumatic labyrinthine concussion. Treatment has included medications, physical therapy, acupuncture, and a subacromial cortisone injection. Currently the injured worker had a 1 1/2 inch laceration involving the lower forehead above the right supraorbital region that was tender to touch. The treatment plan included medications. On September 19, 2014 Utilization Review non certified Physical Therapy 1 x 3 right shoulder and cervical spine citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x3 right shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) recommends 10 visits of physical therapy (PT) over 8 weeks for sprained shoulder. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. X-ray of the right shoulder report dated 1/31/14 documented an unremarkable right shoulder, no fracture or dislocation. Medical records document a history of right shoulder sprain and strain and cervical spine complaints. The physical therapy report dated August 22, 2014 noted that the patient has completed 13 visits of physical therapy treatment. Treatments included a home exercise program. Right shoulder range of motion measurements before physical therapy were flexion 150 degrees, extension 45 degrees, abduction 160 degrees, internal rotation 75 degrees, and external rotation 78 degrees. Right shoulder range of motion measurements after 13 visits physical therapy were flexion 160 degrees, extension 50 degrees, abduction 160 degrees, internal rotation 75 degrees, and external rotation 90 degrees. Strength was 4/5 before and after the course of physical therapy. Pain level was 7/10. The physical therapist discharged the patient. The medical records document that as of 8/22/14, the patient completed a 13 visit course of physical therapy, with mild improvement in range of motion, minimal improvement in strength, and a persistence of pain. MTUS and ODG guidelines recommend 10 visits of PT physical therapy for shoulder sprain. Additional PT physical therapy visits were requested. No exceptional factors were noted. The 8/22/14 physical therapy report documented mild improvement and a plateau. The request for additional physical therapy visits exceeds ODG guidelines and is not supported. Therefore, the request for additional physical therapy is not medically necessary.