

Case Number:	CM14-0187228		
Date Assigned:	11/17/2014	Date of Injury:	09/23/2011
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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:

This is a 42-year-old female with a 9/23/11 date of injury. The injured worker was seen on 10/16/14 with complaints of continued right shoulder pain and neck pain. The injured worker underwent injection in June, which helped for 3 days, and the injured worker's neck pain improved with chiropractic care. Exam findings revealed tenderness of the paracervical muscles, trapezius, the levator scapulae and the rhomboid. There was tenderness to palpation in the right shoulder, and the impingement test and Hawkins test were positive. The motor strength was 5/5 in all muscle groups in the bilateral upper extremities, except for 4/5 in the right infraspinatus. The sensation was decreased in the C5 distribution of the outer upper arm, and of the ulnar aspect of the arm. The diagnosis is impingement syndrome of shoulder region, displacement of cervical intervertebral disc without myelopathy, cervicgia and brachial neuritis. Treatment to date: work restrictions, chiropractic treatment, cervical epidural steroid injections and medications. An adverse determination was received on 10/24/14, given that the injured worker had 93 sessions of physical therapy and that objective improvement was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 to the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, ODG recommends 10 visits over 8 weeks of physical therapy for Rotator cuff syndrome/Impingement syndrome. The reviewer's note stated that the injured worker accomplished 93 sessions of physical therapy for her shoulder. However, there is a lack of documentation indicating subjective and objective functional gains from prior therapy. In addition, given that the injured worker's injury was over 3 years ago it is not clear, why the injured worker cannot transition into an independent home exercise program. Lastly, there is no rationale explaining why the injured worker needed an extended physical therapy treatment. Therefore, the request for Physical Therapy 2 x 4 to the right shoulder is not medically necessary.