MAXIMUS Federal Services

Case Number:	CM14-0188537		
Date Assigned:	11/19/2014	Date of Injury:	11/14/2012
Decision Date:	01/09/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine, has a subspecialty in Clinical Informatics, and is licensed to practice in Pennsylvania. 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:

On November 14, 2012, this worker was struck by a vehicle while crossing the street, resulting in injuries to his neck, left shoulder and left arm. He attended physical therapy twice a week for 6 weeks from which he reported benefit. X-ray of the left shoulder August 1, 2014 showed degenerative changes of the acromioclavicular joint. MRI of the cervical spine August 18, 2014 showed disc protrusions effacing the thecal sac at C3-4, C4-5, C5-6, and C6-7. There was also neural foraminal narrowing encroaching on the nerve roots.At his visit with his primary treating physician on September 23, 2014, he complained of neck pain that sometimes radiates to the left upper extremity. Physical examination revealed less than normal cervical spine and left shoulder range of motion. There was tightness, spasming, and guarding of the trapezius, sternocleidomastoid and strap muscles. Spurling's test was positive bilaterally and there was a positive Foramina Compression test. Left shoulder range of motion was less than normal. There was tenderness over the greater tuberosities on the left. There was subacromial grinding and clicking on the left. There was tenderness and atrophy of the rotator cuff muscles on the left. There was a postive impingement test on the left. The diagnoses on that date were 1) Herniated cervical disc with radiculitis/radiculopathy left greater than right, 2) Left shoulder strain/sprain, tendinitis impingement, cuff tear, internal derangement with positive MRI, 3) Contusion left chest wall. The treatment plan included physical therapy focusing on the cervical spine and left shoulder and stated that the focus should include strength training, increasing range of motion, and decreasing pain. Medications were refilled including Anaprox, Ultram, Prilosec, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy CS and Left Shoulder 2 Times A Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for physical therapy is for improving strength and range of motion of the cervical spine and left shoulder as well as to decrease pain. The underlying etiology of the weakness, rotator cuff muscle atrophy and loss of range of motion is well established based on MRI's of the cervical spine showing nerve root encroachment, MRI of the shoulder showing rotator cuff tear and a shoulder x-ray showing acromioclavicular degenerative changes. The worker's complaints and the physical examination were consistent with these findings. The chronic pain guidelines allow for physical therapy 9-10 visits over 8 weeks for myalgia and myositis and for 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. This worker's initial physical therapy was 2 years ago and during the acute phase of the injury. It is not clear what the initial physical therapy addressed. It is reasonable to expect that there has been a progression of the weakness and loss of motion that may have not been present at that time. Physical therapy is medically necessary at this time to address the chronic problems. However, the request for 12 visits exceeds the number of treatments recommended by the MTUS chronic pain treatment guidelines, therefore this specific request is not medically necessary. It would be expected that an active home exercise program could be established to achieve the goals within the timeframe established in the MTUS.