

Case Number:	CM14-0194509		
Date Assigned:	12/02/2014	Date of Injury:	09/26/2011
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/20/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 61 year old female with the injury date of 09/26/11. Per treating physician's report 09/30/14, the patient has neck and right shoulder pain. The steroid injection reduced her pain significantly and physical therapy improved the range of motion. A spine specialist recommended a surgery on her neck. The x-ray of right shoulder from 07/18/14 reveals osteoarthritis of her right shoulder with glenohumeral joint space and inferior osteophyte. The patient underwent cervical radiofrequency ablation on 02/12/14, which helped the pain and range of motion in her low part of the neck. The patient still feels pain and tightness in her upper neck. The patient will remain TTD until 10/04/14. The patient is not currently working. The list of diagnoses is: 1) Cervical degenerative disc disease; 2) C6-7 disc protrusion; 3) C5-6 disc bulge; 4) Cervical spondylosis; 5) Right cervical radiculitis; 6) S/P bilateral carpal tunnel release; 7) Cervical stenosis; 8) AC and GH joint osteoarthritis; 9) Right shoulder impingement syndrome; 10) Right shoulder tendinitis versus tear; 11) Major depression. Per progress report 08/28/14, the abduction of right shoulder is 80 degrees, external rotation is 40 degrees and internal rotation is 50 degrees. The patient has not taken any medication. Per progress report 08/08/14, the patient has multiple trigger points, but trigger point injections were denied by the insurance. The treating physician requested physical therapy to improve right shoulder ROM (range of motion) and strength. The utilization review determination being challenged is dated on 10/28/14. Treatment reports were provided from 04/04/14 to 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Sessions: 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 medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in her neck and right shoulder. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. Per the utilization review letter 10/28/14, the patient has had a total of 12 physical therapy in the past (time frame not known). Review of the reports show prior therapy reports with no discussion provided regarding how the patient has responded to therapy. The treating physician does not discuss reason for additional therapy request. It is not known whether or not the patient is failing home exercise and why the patient has not transitioned into a home program. There is no report of a flare-up, exacerbation or a new injury. The utilization review letter allowed 3 sessions of therapy on 10/28/14 which appears reasonable for a short course given the prior 12 sessions. The additional 3 sessions combined with at least 12 already received would exceed what is recommended per MTUS guidelines for therapy treatments outside of post-operative time-frame. The request is not medically necessary.