

Case Number:	CM14-0196772		
Date Assigned:	12/04/2014	Date of Injury:	01/13/2009
Decision Date:	02/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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:

The patient is an injured worker with shoulder, neck, and back complaints. Date of injury was October 13, 2009. The primary treating physician's progress report dated October 13, 2014 documented subjective complaints of pain in the neck and right shoulder and arm. Pain in the neck and right shoulder and arm were progressively worse. Right shoulder arthroscopy was not authorized. The patient was awaiting for cervical epidural steroid injections. Medications help decrease pain intensity and allows for activities of daily living. Physical examination was documented. Cervical spine range of motion flexion 40 degrees, extension 40 degrees, left bending 25 degrees, right bending 25 degrees, left rotation 60 degrees, right rotation 60 degrees were noted. Positive Spurling and foramina compression test were noted. There was tightness and spasm at the trapezius and sternocleidomastoid and strap muscles right and left. Right shoulder range of motion flexion 110 degrees, abduction 90 degrees, extension 30 degrees, adduction 30 degrees, internal rotation 60 degrees, external rotation 50 degrees were noted. Positive impingement test bilaterally was noted. Tenderness of rotator cuff bilaterally was noted. Diagnoses were chronic pain secondary to status post right hand surgical release flexor tendon right thumb with residual numbness, internal derangement right wrist, anxiety and depression, herniated cervical disc, and right shoulder tendinitis impingement. Treatment plan was documented. Physical therapy for cervical spine, thoracic spine and right shoulder for flare-up two times per week for 5 weeks was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Physical Therapy 2x5 weeks for the Cervical Spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99 Medical Treatment Utilization Schedule -- Definitions Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment Official Disability Guidelines (ODG) Preface Physical Therapy Guidelines

Decision rationale: The patient is an injured worker with shoulder, neck, and back complaints. Date of injury was October 13, 2009. The primary treating physician's progress report dated October 13, 2014 documented subjective complaints of pain in the neck and right shoulder and arm. Pain in the neck and right shoulder and arm were progressively worse. Right shoulder arthroscopy was not authorized. The patient was awaiting for cervical epidural steroid injections. Medications help decrease pain intensity and allows for activities of daily living. Physical examination was documented. Cervical spine range of motion flexion 40 degrees, extension 40 degrees, left bending 25 degrees, right bending 25 degrees, left rotation 60 degrees, right rotation 60 degrees were noted. Positive Spurling and foramina compression test were noted. There was tightness and spasm at the trapezius and sternocleidomastoid and strap muscles right and left. Right shoulder range of motion flexion 110 degrees, abduction 90 degrees, extension 30 degrees, adduction 30 degrees, internal rotation 60 degrees, external rotation 50 degrees were noted. Positive impingement test bilaterally was noted. Tenderness of rotator cuff bilaterally was noted. Diagnoses were chronic pain secondary to status post right hand surgical release flexor tendon right thumb with residual numbness, internal derangement right wrist, anxiety and depression, herniated cervical disc, and right shoulder tendinitis impingement. Treatment plan was documented. Physical therapy for cervical spine, thoracic spine and right shoulder for flare-up two times per week for 5 weeks was requested.