

Case Number:	CM14-0199316		
Date Assigned:	12/09/2014	Date of Injury:	08/30/2012
Decision Date:	01/26/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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:

This patient is a 36 year old female with an injury date of 8/30/12. Based on the 10/6/14 progress report, patient complains of "painful condition about the neck and left shoulder" and "pain with motion." Exam of the cervical spine shows spasm to the left side of the neck and about the left trapezius muscle area with point tenderness with palpation to the left side of the neck and the left trapezius muscle region. Exam of the left shoulder shows internal and external rotation of 60 degrees and normal is 90 with flexion and abduction of 160 degrees and normal of 180. Cervical range of motion in degrees (normal in parenthesis): flexion: 40 (50), extension: 20 (60), lateral bend to the right and left: 20 (45), and rotation to the right and left: 60 (80). The diagnoses are musculoligamentous strain of the cervical spine; left shoulder, rotator cuff injury with impingement; and sprain/strain of the bilateral wrists. The patient is working full duty as of 10/6/14. The utilization review being challenged is dated 10/27/14. The request is for 12 physical therapy sessions to the cervical spine and left shoulder. The request was non-certified as the request exceeds the six-visit clinical trial with no exceptional factors to warrant further physical therapy treatment. The requesting provider is has provided a single report dated 10/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; 12 sessions to the cervical spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Shoulder (Acute & Chronic), Physical Therapy

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

Decision rationale: This patient presents with neck and left shoulder pain and pain with motion. The provider requests 12 physical therapy sessions to the cervical spine and left shoulder per the progress report dated 10/6/14. MTUS Chronic Pain Medical Treatment Guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Per the 10/6/14 progress reports, patient was "treated with physical therapy, approximately 12 sessions," however, no documentation is provided regarding patient's response to physical therapy or of outcomes/goals attempted or achieved. According to the 10/6/14 report, the results for the following exams for the cervical spine and left shoulder were reported as normal: visual inspection, neurologic, vascular, sensory, and deep tendon reflexes. Diagnostic studies conducted (MRI of cervical spine, x-ray of cervical spine and left shoulder) were also noted as unremarkable. Furthermore, there is no discussion provided as to why additional 8 sessions are a medical necessity, which exceeds the maximum number of 8-10 sessions allowed by MTUS guidelines for this type of diagnosis. The request is not medically necessary.