

Case Number:	CM14-0203780		
Date Assigned:	12/16/2014	Date of Injury:	09/22/2011
Decision Date:	01/31/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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:

The injured worker was a female who suffered a left shoulder and cervical neck injury while doing accounting work. The injured worker was diagnosed with cervical disk disease and left shoulder capsulolabral tear. The injured worker had left shoulder arthroscopic surgery to the left capsulolabral tissue. Surgical site was stable at this visit. According to the UR the arthroscopic surgery was over 2 years ago. According to the UR the injured worker completed 30 physical therapy sessions and returned to work. According to the progress note of August 6, 2014, the injured worker was complaining of neck discomfort with limited range of motion of 10 degree lateral rotation and flexion. The cause of this flare-up is reported to be a return to work performing accounting duties. The physician started the injured worker on a Medrol pack, Neurontin, Ultram and topical ointment for the neck and left shoulder. According to the progress note of September 3, 2014, the physical exam noted decreased stiffness of the cervical spine. However the tenderness at the base of the neck does not allow much in the way of motion with respect to flexion and rotation motion of the cervical spine. The injured worker has full range of motion to the left shoulder with negative impingement signs. The documentation submitted for review were 2 progress notes dated August 6, 2014 and September 3, 2014. The injured worker will return to full duty at work. November 5, 2014, The UR denies authorization for 8 physical therapy visits to the left shoulder and cervical neck, due to the ODG guidelines for postoperative rotator cuff syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left shoulder/cervical: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

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

Decision rationale: MTUS Guidelines support up to 8-10 sessions of physical therapy for chronic musculoskeletal pain/neuritis with the goal of self-care and functional support. This individual has previously completed a full course for postoperative physical therapy for her shoulder, but the amount of prior therapy for the cervical spine is not documented. Essentially, this request is for a specific flare-up of cervical pain with a neuritic component and the specific goal is to support her recent return to work. Under these circumstances, the request for 8 sessions of therapy for the neck/shoulder is consistent with Guidelines and is medically necessary.