

Case Number:	CM14-0092000		
Date Assigned:	09/10/2014	Date of Injury:	12/28/2011
Decision Date:	04/07/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 is a 36-year-old male, who sustained an industrial injury on 12/28/2011. He has reported subsequent neck, shoulder and chest pain and was diagnosed with status post left shoulder diagnostic and operative arthroscopy, C5-C6 multilevel degenerative disc desiccation, pectoralis strain. Pectoralis musculotendinous scarring and tendinosis and left shoulder rotator cuff tendinitis. Treatment to date has included oral pain medication, physical therapy and pain injections. In a progress note dated 05/19/2014, the injured worker complained of persistent pain along the left armpit area that was rated as 9/10. Objective physical examination findings were notable for minimal tenderness to palpation along the left lateral pectoralis tendon and mild reproduction of pain with full upper extremity extension and external rotation. The physician noted that the injured worker likely sustained a strain of the pectoralis musculotendinous complex with discomfort due to excessive scarring and possibly tendinosis. The physician noted that since the injured worker had failed conservative management, an ultrasound guided platelet-rich plasma injection followed by aggressive physical therapy was being requested. On 06/04/2014, Utilization Review non-certified a request for physical therapy 1-2 times per week/6 weeks, noting that since the platelet rich plasma injection was not approved, post injection physical therapy was not indicated. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 Times per Week/6 Weeks (12 Sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines).

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

Decision rationale: This 36 year old male has complained of neck pain and left shoulder pain since date of injury 12/28/11. He has been treated with left shoulder surgery, physical therapy and medications. The current request is for physical therapy 1-2 times per week/6 weeks (12 sessions). Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. There is no medical rationale provided for the request of PT sessions in excess of the MTUS guidelines. On the basis of the available medical documentation and per the MTUS guidelines cited above, physical therapy 1-2 times per week/6 weeks (12 sessions) is not indicated as medically necessary.