

Case Number:	CM14-0098392		
Date Assigned:	09/23/2014	Date of Injury:	06/13/2013
Decision Date:	01/22/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 injured worker (IW) is a 57-year-old man with a date of injury of June 13, 2013. The mechanism of injury was not documented in the medical record. The current working diagnoses are C5-C6 and C6-C7 disc degeneration/stenosis; bilateral cervical radiculopathy; status post C4-C5 ACDF; closed head injury with posttraumatic headaches; lumbar radiculopathy; and depression and anxiety. Pursuant to the progress note dated May 27, 2014, the IW had several complaints including neck pain, bilateral arm pain, worsening left shoulder pain, low back pain, right buttocks pain, and bilateral leg pain at varying degrees of severity. Physical examination referable to the shoulders revealed no evidence of appreciable swelling over the bilateral shoulders. There is no gross atrophy of the shoulder musculature. There is palpable tenderness over the AC joint on the right, and tenderness over the anterior aspect of the left should. All special tests were negative. There was decreased range of motion bilaterally. Current medications include Medrol 4 mg dosepak, Zanaflex 4mg, Lisinopril 20mg (other MD), Norco 5/325mg, and Restoril 30mg. The treating physician is recommending physical therapy 2 times a week for 6 weeks to the bilateral shoulder in the attempt to avoid surgical intervention. The current request is for 12 physical therapy sessions to the left shoulder 2x6 weeks as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left shoulder 2x/week for 6/weeks (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 2; Shoulder Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the left shoulder two times per week for six weeks (12 visits) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). In this case, the injured worker's working diagnoses are C-5 - C6 and C6 - C7 disc degeneration/stenosis; bilateral cervical radiculopathy; status post C4 - C5 ACDF; closed head injury with posttraumatic headaches; lumbar radiculopathy; and depression and anxiety. There is a notable absence of a shoulder diagnosis on the May 27, 2014 progress note. Additionally physical examination shows normal contour, no appreciable swelling, palpable tenderness over the AC joint on the right, and tenderness over the anterior aspect of the left shoulder special tests were all negative (progress note) and range of motion appeared to be decreased in all planes. The guidelines recommend a six visit clinical trial. The requesting physician requested two sessions per week for six weeks (12 visits). This is in excess of the recommendations according to the Official Disability Guidelines; consequently, physical therapy to the left shoulder two times per week for six weeks (12 visits) is not medically necessary.