

Case Number:	CM15-0004054		
Date Assigned:	01/15/2015	Date of Injury:	04/08/2013
Decision Date:	03/16/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male with a date of injury as 04/08/2013. The cause of the injury was related to repetitive trauma. The current diagnoses include cervical myospasm, cervical pain, right shoulder myospasm, right shoulder pain, and right shoulder tenosynovitis. Previous treatments include medications, acupuncture, physical therapy, and shoulder injection. Primary treating physician's reports dated 05/14/2014 through 12/08/2014, agreed medical examination dated 11/11/2014, MRI of the cervical spine dated 06/12/2014, and EMG/NCV study dated 07/01/2014 were included in the documentation submitted for review. Report dated 12/08/2014 noted that the injured worker presented with complaints that included neck pain and right shoulder pain and numbness which radiates to the right wrist. Physical examination revealed painful range of motion in the cervical spine, tenderness to palpation in the cervical spine, right shoulder painful range of motion and tenderness to palpation, and muscle spasm in the acromioclavicular joint and trapezius. The physician noted that the injured worker had completed 8 physical therapy visits to date. Treatment plan included additional physical therapy visits. It was documented that the prior physical therapy has helped, indicating 60% improvement. The documentation submitted did not contain any physical therapy progress notes. The injured worker is not working. The utilization review performed on 12/19/2014 modified a prescription for 9 additional sessions of physical therapy, 3 times per week for 3 weeks to the right shoulder. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Additional Sessions of Physical Therapy, 3 Per Week for 3 Weeks to The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient presents with constant moderate right shoulder pain and numbness radiating to right wrist. The request is for 9 ADDITIONAL SESSIONS OF PHYSICAL THERAPY 3 PER WEEK FOR THREE WEEKS TO THE RIGHT SHOULDER. Physical examination to the right shoulder on 12/08/14 revealed tenderness to palpation to the acromioclavicular joint, anterior shoulder, posterior shoulder and trapezius. Per 12/08/14 progress report, patient has had 8 physical therapy treatments, with 60% improvement. Patient is to remain off-work until 01/22/15 per 12/08/14 progress report. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."The treater has not provided documentation or discussion on why additional physical therapy is needed, nor indicated why patient cannot move on to home therapy program. Based on the 12/08/14 progress report, patient has completed 8 sessions of physical therapy. The request for 9 additional sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.