

Case Number:	CM15-0102482		
Date Assigned:	06/02/2015	Date of Injury:	08/01/2014
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/28/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old female patient who sustained an industrial injury on 08/01/2014. The accident is described as while working she was involved in a motor vehicle accident with resulting injury. A primary treating office visit dated 12/30/2014 reported the patient with subjective complaint of with right shoulder, upper cervical, mid thoracic and mid to lower junction pain. She has undergone magnetic resonance imaging study. She also did receive a course of physical therapy. Of note, she also had been seeing her own chiropractor. Objective findings showed the cervical spine with limited motion and mobility. There are trigger points identified bilaterally. The majority of the subjective complaints are assessed as myofascial pains. The plan of care noted the patient receiving myofascial treatment with point release cream. Treating diagnoses are: cervical strain, shoulder upper arm strain. She was given cream to use at home along with an ice pack. She will be educated on a home exercise program. The MRI performed on 12/17/2014 revealed the cervical spine with all cervical facets including C7- T1 there is disc desiccation consistent with disc degeneration and no significant loss of height, and at levels C3-4, C4-5 and C7-T1 there are mild posterior disc bulges, which likely impress upon the thecal sac. By 01/13/2015 the patient was with subjective complaint of continued with stiffness, pain and muscle spasm in the neck, trapezius and upper thoracic region. Objective findings showed restricted motion mobility to palpatory assessment and myospasm noted in the trapezius fascia. She continued with chiropractic treatment. The impression noted the patient making gradual and slow progress as identified after the 3rd visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy for the right shoulder, 2 times weekly for 8 weeks, quantity: 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks, Postsurgical physical medicine treatment period: 6 months. Initially half the visits are recommended pending re-evaluation. In this case, the request exceeds the initial allowable visits and is not medically necessary.