

Case Number:	CM15-0019784		
Date Assigned:	02/09/2015	Date of Injury:	09/20/2011
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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: Family Practice

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 44-year-old male who reported injury on 09/20/2011. The mechanism of injury was not provided. The injured worker underwent 2 surgeries for the right shoulder. The most recent surgery being on 06/26/2014 and it was a right shoulder labral repair. The injured worker underwent physical medicine. There was a Request for Authorization submitted for review on 01/06/2015. The injured worker underwent an MRI of the shoulder. The documentation of 12/11/2014 revealed the injured worker had some pain. The physician documented the injured worker would benefit from a block on the cervical spine to calm the area down. The first injection gave 7 months of relief. The second injection gave minimal relief. The documentation indicated the injured worker needed 2 more sessions of therapy to rehabilitate his neck issues. The physical examination revealed 5/5 motor strength in the upper extremities. The injured worker had a positive Spurling's test and shoulder abduction test. The injured worker had decreased sensation in the upper extremities. The injured worker had mild decreased sensation in the C6 nerve root distribution. There were no upper extremity reflexes. The Request for Authorization was made for a repeat cervical epidural injection at C5-6 followed by post injection physical therapy 2 times a week x4 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Shoulder 2 Times A week For Four Weeks, Eight Sessions:
Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits. The injured worker was noted to undergo prior physical therapy treatment. There was a lack of documentation of objective functional deficits to support physical medicine treatment. There was a lack of documentation of objective functional benefit from prior therapy. The documentation indicated the request was for post injection therapy, but the submitted request was for physical therapy with no notation of post injection therapy. Given the above, the for physical therapy, right shoulder 2 times a week for four weeks, eight sessions is not medically necessary.