

Case Number:	CM15-0132915		
Date Assigned:	07/21/2015	Date of Injury:	08/25/2011
Decision Date:	08/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old female, who sustained an industrial injury on August 25, 2011. The injured worker was diagnosed as having cervical strain, cervical discectomy, right shoulder pain dysfunction, right shoulder impingement, right shoulder partial thickness supraspinatus tear and status post arthroscopy. Treatment to date has included magnetic resonance imaging (MRI) and medication. A progress note dated April 29, 2015 provides the injured worker complains of neck and right shoulder pain. Physical exam notes cervical decreased range of motion (ROM) and healed surgical scar. There is right shoulder tenderness on palpation, decreased range of motion (ROM) and positive Speed and Neer's test. Review of magnetic resonance imaging (MRI) reveals spur, bursitis and partial thickness tear. The plan includes surgical follow-up and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the neck Qty: 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for neck and shoulder pain. She underwent right shoulder arthroscopy in January 2013 and an anterior cervical decompression and fusion in May 2014. In October 2014, the claimant was discharged from physical therapy having reached maximum benefit from therapy. When seen, she was having ongoing shoulder and neck pain. There was decreased range of motion. Shoulder impingement testing was positive. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy with maximum benefit. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.