

Case Number:	CM15-0139360		
Date Assigned:	07/29/2015	Date of Injury:	09/24/2013
Decision Date:	09/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 33 year old male who sustained an industrial injury on 09-24-2013. Diagnoses include spinal stenosis in the cervical region, left shoulder adhesive capsulitis, and fibromyositis. Treatment to date has included medications, chiropractic sessions, and activity modification. Current medications include Duloxetine, Fenoprofen, Gabapentin and Zolpidem. On 04-03-2015 a cervical Magnetic Resonance Imaging was done and showed C5-C6 disc desiccation, midline disc bulge measuring less than a 2mm and mild narrowing of the canal, multilevel arthropathy, and mild left C6-C7, moderately severe left C7-T1, moderate right T1-T2 neural foraminal stenosis. On 03-24-2015, a left shoulder Magnetic Resonance Imaging revealed minimal infraspinatus tendinosis. A physician progress note dated 06-25-2015 documents the injured worker complains of neck pain, headaches and pain radiating into the left shoulder down the left arm into his hand. He has associated numbness and tingling in his hand and fingers. He also has difficulty concentrating as well as headaches while reading. He has diminished light touch sensation on the left side C6-C8 dermatomal distribution. There is tenderness over the supraclavicular region on both sides. He has limited cervical range of motion in all directions. There is left shoulder limited range of motion, and shoulder is elevated on the left side. His left upper extremity has motor weakness and hypesthesia in the C6, C7, and C8 distribution on the left. The treatment plan includes a Neuro-ophthalmology consultation for his vision, Gabapentin, Duloxetine, Fenoprofen and neurology consultation for electrodiagnostic testing. Treatment requested is for Physical therapy for the left shoulder and neck 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder and neck 2 times a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 6, Pain, Suffering and the Restoration of Function, page 114.

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

Decision rationale: The injured worker sustained a work related injury on 09-24-2013. The medical records provided indicate the diagnosis of spinal stenosis in the cervical region, left shoulder adhesive capsulitis, and fibromyositis. Treatment to date has included medications, chiropractic sessions, and activity modification. Current medications include Duloxetine, Fenoprofen, Gabapentin and Zolpidem. The medical records provided for review do indicate a medical necessity for Physical therapy for the left shoulder and neck 2 times a week for 4 weeks. The MTUS Physical Medicine guidelines recommends a fading treatment of 8-10 physical therapy visits over 8 weeks, followed by home exercise program. The requested treatment is medically necessary. The records indicate the previous request received no response.