

Case Number:	CM15-0145528		
Date Assigned:	08/06/2015	Date of Injury:	04/25/2013
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii
 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 (IW) is a 53-year-old female who sustained an industrial injury on 04-25-2013. Diagnoses include status post left shoulder surgery (4-2-14); cervical pain with upper extremity symptoms; left facial pain; and compensatory right shoulder pain, rule out impingement, rotator cuff pathology. Treatment to date has included medications. According to the progress notes dated 7-7-2015, the IW reported 6 out of 10 left shoulder pains; 7 out of 10 compensatory right shoulder pains; 5 out of 10 cervical spine pain with left greater than right upper extremity symptoms; and 5 out of 10 left wrist pain. The IW inquired about topical NSAID treatment due to improvement she had experienced using it; she had failed Celebrex due to gastrointestinal upset despite proton-pump inhibitor. Medications included Hydrocodone 7.5mg and Omeprazole. On examination, left shoulder flexion and abduction was 120 degrees. The right shoulder was tender to palpation with painful, limited range of motion. The cervical spine was also tender, with reduced range of motion. There was diminished sensation in the C6 and C7 dermatomes, greater on the left. A request was made for eight sessions of PT for the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical/ Left Shoulder, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Physical Therapy; Neck & Upper Back (Acute & Chronic) - Physical Therapy.

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

Decision rationale: The patient presents with pain affecting the cervical spine, bilateral upper extremities, and bilateral shoulder. The current request is for Physical therapy, Cervical/Left Shoulder, 8 sessions. The treating physician report dated 7/7/15 (13B) states, "Continue with request for physical therapy left shoulder and to include cervical spine, 2 times per week for 4 weeks." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The patient is status post left shoulder surgery 4/2/14 and is no longer in the post-surgical treatment period as established by the MTUS-PSTG. The medical reports provided show the patient has received at least 18 visits of prior physical therapy, although it is uncertain the quantity of sessions that were dedicated to the left shoulder and cervical spine. In this case, the patient has received at least 18 visits of physical therapy to date and therefore the current request of an additional 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, there is no documentation provided as to why the patient cannot continue with a home exercise program after having completed previous physical therapy. The current request is not medically necessary.