MAXIMUS Federal Services

Case Number:	CM15-0147468		
Date Assigned:	08/10/2015	Date of Injury:	10/22/2013
Decision Date:	09/11/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/29/2015

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 is a 44 year old male who sustained an industrial injury on 10-22-13. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, medications, left shoulder surgery, Functional Restoration Program, and home exercise program. Diagnostic studies include a MRI of the left shoulder on 03-31-14 and a MRI of the cervical spine on 02-13-14. Current complaints include chronic neck and left shoulder pain. Current diagnoses include long-term use of medications, cervical disc displacement, and pain in the shoulder joint. In a progress note dated 06-19-15, the treating provider reports the plan of care as Norco, and additional physical therapy. The requested treatments include additional physical therapy to the left shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left shoulder / neck times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with chronic neck and left shoulder pain with numbness into the left arm. The current request is for 6 physical therapy sessions for the shoulder and neck. Per 6/24/15 UR (4A), the patient has completed 23 of 26 prior approved physical therapy (PT) sessions. The patient has recently completed 3 of 6 sessions of PT for the left shoulder that were approved on the UR dated 4/30/15. The treating physician states in a UR treatment appeal letter on 7/29/15 (41B), "Please note that currently, the patient is going to physical therapy sessions and working on strengthening of the left shoulder. He continues this with his home exercise. He does exercise on a regular basis. He does report having some benefit with being able to grip items better and some improvement in range of motion. However, he does feel that this is some slow improvement. Please also note that many times patients do need more sessions to determine if they have had adequate functional improvement. It appears that he is making progress but needs more sessions to have significant benefits. He also reports that the physical therapist has recommended him to have more sessions and continue with gradual increases and exercises and stretching capabilities. We do believe that the patient requires further physical therapy as needed and thus, we are requesting additional six sessions of physical therapy for the left shoulder/neck so the patient can start immediately following his six sessions that he will complete soon." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The current request for 6 sessions exceeds what MTUS allows for this type of condition given that the patient was previously approved for and is in the process of completing 6 sessions of PT. The current request is not medically necessary.