

Case Number:	CM15-0147927		
Date Assigned:	08/10/2015	Date of Injury:	09/16/2002
Decision Date:	09/14/2015	UR Denial Date:	07/24/2015
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 50 year old male who sustained an industrial/work injury on 9-16-02. He reported an initial complaint of neck and shoulder pain. The injured worker was diagnosed as having cervicalgia and shoulder pain. Treatment to date includes medication, surgery (right shoulder arthroscopic subacromial decompression surgery on 9-25-03 and revision and bursectomy on 4-15-04. MRI results were reported on 11-6-08. Currently, the injured worker complained of neck and shoulder pain. Per the qualified medical evaluation on 7-17-15, exam noted trigger points with hyperirritable foci located in palpable taut bands in the levator scapula, trapezius, and rhomboid muscle, produced local twitch, right shoulder range of motion was mildly limited by pain, right supraspinatus atrophy was noted, and Neer's and Hawkin's were positive on the right. Current plan of care included continue medications, advance independent exercises, possible trigger point injections, and therapy. The requested treatments include physical therapy for the neck and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 for the neck and right shoulder: Upheld

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

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 neck and right shoulder. The current request is for Physical therapy x 12 for the neck and right shoulder. The treating physician report dated 7/24/15 (70B) states, "Physical therapy was requested for 12 sessions to reduce his right shoulder pain and increase his independent exercise program". 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 on with a home exercise program. The medical reports provided show the patient has received prior physical therapy, although, it is uncertain the quantity of sessions that were dedicated to the neck and right shoulder. The patient is status post right shoulder arthroscopic surgery on 4/15/04 (69B) and is no longer within the post-surgical treatment period as outlined by the MTUS-PSTG. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, the patient already has an established independent exercise program. Additionally, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.