

Case Number:	CM15-0148574		
Date Assigned:	08/11/2015	Date of Injury:	01/08/2015
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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 34 year old female with an industrial injury dated 01-08-2015. The injured worker's diagnoses include cervical spine disc protrusion with left upper extremity radiculopathy. Treatment consisted of MRI of the cervical spine and brain, prescribed medications, physical therapy for cervical spine and periodic follow up visits. In a progress note dated 06-30-2015, the injured worker presented with neck pain, frontal and occipital headaches, left shoulder pain and upper arm pain. The injured worker reported that the pain is associated with weakness in the left upper extremity, numbness in the left upper extremity and arm, and grinding and swelling in the cervical spine and left shoulder. The injured worker also reported that the pain radiates to the left elbow, hand and fingers. Objective findings revealed cervical tenderness to palpitation, decreased muscle manual testing strength and decreased range of motion in all planes. The treating physician prescribed services for physical therapy for the left shoulder, three times a week for four weeks, now under review.

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, three times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in January 2015 and is being treated for neck and left shoulder pain. As of 03/17/15 she had attended seven sessions of physical therapy and chiropractic care with only mild relief. When seen, she was having neck pain, headaches, left upper extremity weakness and numbness. Physical examination findings included cervical spine tenderness with decreased range of motion and decreased strength. Additional physical therapy for the left shoulder was requested. Guidelines recommend up to 10 therapy treatment sessions over 8 weeks for a shoulder sprain. In this case, the claimant has already had physical therapy. 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 this case, the number of additional visits requested is in excess of that recommended or what might be expected to revise a home exercise program. The request is not medically necessary.