

Case Number:	CM15-0149390		
Date Assigned:	08/12/2015	Date of Injury:	12/18/2013
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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

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 55 year old female who sustained an industrial injury on 12-18-13. She had complaints of right shoulder and neck pain. Diagnostic studies include: x-ray, MRI and electrodiagnostic studies. Treatments include: medication, physical therapy, injections and surgery. Progress report dated 7-2-15 reports continued complaints of neck pain radiating down the right upper extremity along with headaches that turn to migraines. The pain is aggravated by bending, twisting and turning and is rated 8 out of 10. She continues to have right shoulder pain and symptoms after arthroscopic surgery. Diagnoses include: cervical myoligamentous injury of the right upper extremity radiculopathy, status post right shoulder subacromial decompression and acromioplasty with resection of distal clavicle on 6-6-14 with residuals and medication induced gastritis. Plan of care includes: 4 trigger point injections given at this visit, right shoulder corticosteroid injection given at this visit, request series of 2 cervical epidural injections, medications refilled and prescriptions given for norco 10-325 mg, ultracet 37.5-325, anaprox ds 550 mg, prilosec 20 mg and topamax 25 mg, request physical therapy for cervical spine and right shoulder 2 times per week for 6 weeks, refer to orthopedic surgeon and request MR arthrogram of the right shoulder and will follow up after the study. Work status: remain temporarily totally disabled for the next 6 weeks. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 (12) for the cervical 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 Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Neck and Shoulder Chapters, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.