

Case Number:	CM15-0188484		
Date Assigned:	09/30/2015	Date of Injury:	02/02/2009
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/24/2015

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:

This is a 63 year old female with a date of injury on 2-2-2009. A review of the medical records indicates that the injured worker is undergoing treatment for post-arthroscopy adhesive capsulitis left shoulder, persistent shoulder and left upper extremity pain, impingement with intrasubstance tendon tear of the left supraspinatus and cervical sprain-strain with radiculitis. According to the progress reports dated 7-29-2015 and 8-14-2015, the injured worker complained of constant neck pain rated 5 to 6 out of 10 with radiation to the right shoulder blade. She also complained of frequent left shoulder pain rated 5 out of 10. Per the treating physician (7-29-2015), the injured worker was temporarily totally disabled. The physical exam (7-29-2015 to 8-14-2015) revealed limited range of motion in the left shoulder. Impingement test was positive on the left side.

There was tenderness to palpation over the cervical paraspinal muscles and restricted range of motion of the cervical spine. Treatment has included cervical fusion (2014), left shoulder surgery (2-18-2015), extracorporeal shockwave therapy and medications. Per the progress report dated 7-17-2015, the injured worker was attending physical therapy for the left shoulder three times a week. Current medications (8-14-2015) included Voltaren and Lunesta. The request for authorization dated 8-14-2015 was for physical therapy for the cervical spine and left shoulder. The original Utilization Review (UR) (8-27-2015) denied a request for physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents post-cervical fusion (2014) and post-arthroscopy adhesive capsulitis left shoulder, persistent shoulder and left upper extremity pain, impingement with intrasubstance tendon tear of the left supraspinatus and cervical sprain-strain with radiculitis. The patient currently complains of constant neck pain with radiation to the right shoulder blade, she also complained of frequent left shoulder pain. The current request is for Physical therapy cervical spine. The treating physician states in the treating report dated 7/29/15 (4B), "Treatment Plan: The patient is prescribed physical therapy for evaluation and treatment of the cervical spine and left shoulder with massage of the cervical spine, 3 times a week for 4 weeks." 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." In this case, despite the clear request documented in the treating report and the request for authorization the independent medical review did not note the frequency or duration of Physical Therapy treatments for the cervical spine. Additionally, MTUS only supports 8-10 sessions. The current request is open ended with no frequency or duration stated which is not supported by MTUS. The current request is not medically necessary.