

Case Number:	CM15-0192411		
Date Assigned:	10/06/2015	Date of Injury:	12/17/2011
Decision Date:	11/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/30/2015

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 42 year old female, who sustained an industrial injury on 12-17-11. The injured worker was diagnosed as having discogenic cervical condition; impingement syndrome left shoulder; chronic pain syndrome; left shoulder decompression (2012). Treatment to date has included physical therapy; chiropractic therapy; TENS unit; home exercise program; medications. Currently, the PR-2 notes dated 9-10-15 indicated the injured worker is in the office for a follow up. The provider documents "I have personally not seen this patient for a year. The coverage is for the neck and the left shoulder. The patient is still having quite a bit of problem with regard to shoulder and would like an injection, which was approved by UR on June 26, 2015. She is limiting chores. Lifting is 15 pounds. She has had a MRI a long ago showing two-level disc disease repeat in June 2014 showed herniation at C5-C6 and to the left of midline at C6-C7. Repeat MRI of the neck obtained on June 14, 2015 showed again the same herniation. As for the shoulder, she has had a decompression and one injection after surgery and she has overall good motion. She has access to a two-lead TENS unit and wants something stronger, hot and cold wrap, neck pillow and air traction which have been very helpful." On physical examination, the provider documents "The patient has tenderness along the rotator cuff with mild findings of impingement. Motion is satisfactory. Grade 5- strength to resisted function is noted. Tenderness along the cervical spine and shoulder girdle musculature is noted as well." The treatment plan included a subacromial injection with 5cc Marcaine and lidocaine and 1 cc Depo-Medrol to the left subacromial space. Fluoroscopic evaluation of the left shoulder will be done. The provider is requesting post injection physical therapy to address the neck and left shoulder. A Request for

Authorization is dated 9-30-15. A Utilization Review letter is dated 9-21-15, modified the certification for Physical therapy, cervical spine, and left shoulder quantity 12 to allow a quantity of 2 only. A request for authorization has been received Physical therapy, cervical spine and left shoulder Qty:12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, cervical spine and left shoulder Qty:12: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in December 2011 and is being treated for shoulder and neck pain. The requesting provider saw her on 09/10/15. She had not been seen in over a year although the report references rating the claimant less than 6 months before. She had returned to work within restrictions and limitations identified by a functional capacity evaluation. Physical examination findings included rotator cuff tenderness and mild findings of impingement. There was cervical and shoulder girdle tenderness. There was 5-/5 strength. A subacromial injection was performed and she was referred for physical therapy. After a shoulder injection, guidelines recommend up to 1-2 therapy treatment sessions over 1 week. For the claimant's cervical spine, there is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of either of these recommendations or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.