

Case Number:	CM15-0204668		
Date Assigned:	10/21/2015	Date of Injury:	12/10/1996
Decision Date:	12/08/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/19/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old female who sustained an industrial injury on 12/10/1996. Medical records indicated the worker was treated for injury to the bilateral knees, bilateral wrists, neck, lower back area, head, and bilateral shoulders. She has reported chronic pain in multiple body parts with occasional flare-ups. Treatment has included diagnostics, medications, lumbar epidural injections, pool therapy, physical therapy, and home exercise. According to provider notes of 08-19-2015, the worker reported increased pain in the right shoulder and neck with difficulty lifting her arm above shoulder level. The pain is described as constant, sharp and dull and averages a 7 on a scale of 1-10. She reported increased headaches and was seen by a neurologist. She uses ice, stretching, and transcutaneous electrical nerve stimulation (TENS) to relieve the neck pain and tightness. Physical therapy twice a week for 3 weeks for the right shoulder was requested at that time. In the provider notes of 10-05-2015, the injured worker complains of a flare up of increased pain, numbness and weakness in the right shoulder that occurred ten days prior. She awakened and couldn't move her right arm. She was evaluated in the ED and ruled out for stroke and heart attack. Her diagnosis was of rotator cuff syndrome. In provider notes of 10-05-2015, the worker reported difficulty lifting her arm above shoulder level. She also reported increased pain in the neck which was constant, averaging a 9 on a scale of 1-10 intensity. The pain radiates to the head and down to the shoulders and she noted difficulty performing fine motor skills with the right hand. Aggravating factors include standing, bending, lifting and lying down. Relieving factors are sitting, medications, injections and physical therapy. Her fine motor skills with the right hand are difficult. Medications include

Norco, Neurontin, and Celebrex. On examination of the cervical spine, she had tenderness over the cervical paraspinals; cervical facet joints reduced range of motion in all planes, more to the lateral bending. Spurlings sign is positive on the right. Upper extremity deep tendon reflexes are 2+ and symmetric. Sensation was decreased in gloves distribution. Motor strength in the bilateral upper extremities was 5 out of five on abduction, flexion, and extension in the shoulders, elbows and fingers. The treatment plan includes medications and physical therapy. The worker's condition is permanent and stationary, and she is retired. A request for authorization was submitted for: A request for authorization was submitted for: 1. Physical Therapy, 6 sessions for Right Shoulder and Neck; 2. Hydrocodone 5/325mg, #45; 3. Neurontin 600mg, #540; 4. Celebrex 200mg, #180. A utilization review decision 10-16-2015 Approved; Hydrocodone 5/325mg, #45; Neurontin 600mg, #540; Celebrex 200mg, #180 and non-approved: Physical Therapy, 6 sessions for Right Shoulder and Neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 6 sessions for Right Shoulder and Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The employee has had a long standing shoulder injury and has received an unknown number of physical therapy sessions in the past. There is insufficient documentation about the results from those sessions and how the physical therapy sessions now requested will integrate into her long standing treatment plan which includes many medications and a TENS unit. Therefore, the request is not medically necessary.