

Case Number:	CM15-0205668		
Date Assigned:	10/22/2015	Date of Injury:	04/13/2012
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
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: 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 65 year old male, who sustained an industrial injury on 4-13-2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post arthroscopic right shoulder surgery, right shoulder impingement syndrome, mild right C7 radiculopathy, and chronic myofascial pain syndrome of the cervical spine, moderate to severe. On 9-5-2015, the injured worker reported constant pain in the right shoulder that had been getting worse, currently 5-7 out of 10 without medications and constant neck and upper back pain rated 6-7 out of 10 without medications. The Primary Treating Physician's report dated 9-5-2015, noted the injured worker reported getting greater than 70-80% improvement in both his pain and ability to function with his current medications which decreased his pain to 1-2 out of 10. The physical examination was noted to show the thoracic spine range of motion (ROM) were slightly restricted upon flexion and extension and the cervical spine range of motion (ROM) was slightly to moderately restricted in all planes. Multiple myofascial trigger points and taught bands were noted throughout the cervical paravertebral, trapezius, levator scapulae, scalene, and infraspinatus muscles as well as the thoracic paraspinal and right interscapular area muscles. Spurling's test was noted to be positive. Prior treatments included epidural steroid injections (ESIs), Tramadol, Bupropion, and trigger point injections. The treatment plan was noted to include a steroid injection for the right shoulder, physical therapy for the cervical radiculopathy, and medications of Naproxen and Wellbutrin. The injured worker's work status was noted to be retired. The request for authorization was noted to have requested a steroid injection to the right shoulder, follow up in 6 weeks, and 12 sessions of

physical therapy for the cervical spine. The Utilization Review (UR) dated 9-22-2015, certified the requests for a steroid injection to the right shoulder and follow up in 6 weeks, and non-certified the request for 12 sessions of physical therapy for the cervical spine. QME evaluator recommended 12 sessions of physical therapy for the shoulder and the potential of a few sessions of therapy for flare-ups of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy, cervical spine: 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 rationale: MTUS Guidelines consider up to 10 sessions of supervised physical therapy as adequate for chronic musculoskeletal conditions. With that amount of guidance there is a reasonable expectation of follow through on an independent basis. If this individual has lapsed in the knowledge of appropriate exercises for the cervical spine, a few sessions may be reasonable. However, this request significantly exceeds Guideline recommendations and there are no unusual circumstances to justify an exception to the Guidelines. The request for 12 sessions of physical therapy, cervical spine is not supported by Guidelines and is not medically necessary.