

Case Number:	CM15-0020340		
Date Assigned:	02/09/2015	Date of Injury:	05/31/2012
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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

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 51-year-old female who reported an injury on 05/31/2012. The mechanism of injury was the injured worker was putting a full case of Goldfish crackers onto a shelf. The injured worker underwent right shoulder surgery and physical therapy. The documentation of 01/08/2015 revealed the injured worker had right arm, wrist, and shoulder pain, and cervical spine pain. The injured worker's medications were noted to include NSAIDs, Zantac, Tylenol, and Imitrex. The physical examination revealed tenderness to palpation of the paracervical, levator scapula, medial trapezius, and parascapular muscles. The injured worker had positive levator scapula and trapezius muscle spasm. The injured worker had decreased range of motion of the cervical spine. The injured worker had a positive Spurling's sign for pain radiating to the levator scapula and trapezii muscles. The physical examination of the right shoulder revealed positive impingement sign, supraspinatus sign, and acromioclavicular joint tenderness with crepitus. The injured worker had decreased range of motion of the right shoulder. Examination of the left shoulder revealed a positive impingement sign, supraspinatus sign, and acromioclavicular joint tenderness, and positive crepitus. Sensation was intact to light touch bilaterally in the upper extremities, and in the motor examination, strength was 5/5. The injured worker had decreased range of motion of the left shoulder. The injured worker underwent MRIs of the right shoulder, lumbar spine, and cervical spine. The injured worker had electrodiagnostic studies. The diagnoses included right cervical strain with right cervical radiculitis, right carpal tunnel syndrome, and status post arthroscopy, right shoulder, with subacromial decompression, CA ligament release, and extensive debridement of calcific

tendinitis on 12/18/2013. The treatment plan included neck and right shoulder physical therapy for muscle strengthening and work hardening 2 times a week times 6 weeks, omeprazole 20 mg twice a day, Polar Frost or BioFreeze, methocarbamol 500 mg, and a recheck. There was a Request for Authorization submitted for review dated 01/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks for muscle strengthening and work hardening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker surgical had prior physical therapy. There was a lack of documentation indicating the quantity of sessions previously attended. There was a lack of documentation of objective functional deficits to support the necessity for additional physical therapy. The request as submitted failed to indicate the body part to be treated with the therapy. Given the above, the request for additional physical therapy 2 times a week for 6 weeks for muscle strengthening and work hardening is not medically necessary.