

Case Number:	CM15-0220456		
Date Assigned:	11/13/2015	Date of Injury:	08/27/2014
Decision Date:	12/23/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old male with an industrial injury dated 08-27-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical vertebral fusion and right shoulder impingement syndrome. According to the progress note dated 09-18-2015, the injured worker reported left shoulder pain with limited range of motion. The injured worker reported improvement in the right side of neck and arm. Objective findings (09-18-2015) revealed well healed surgical site at the neck, full strength in upper extremities, limitation in the left shoulder range of motion with pain, and good right shoulder range of motion without pain. The treating physician reported that the x-ray of cervical spine revealed stable fusion from C5-7. According to the progress note dated 10-19-2015, the injured worker presented with shoulder complaints. The injured worker reported that the shoulder is very problematic and it hurts with overhead activities, stretching, reaching and lifting. Objective findings (10-19-2015) revealed limited neck motion without any significant pain, pain with left shoulder range of motion and positive impingement signs. Treatment has included x-ray of cervical spine, left shoulder MRI on 10-01-2015, anterior cervical discectomy and fusion (ACDF) at C5-7 on 04-22-2015, prescribed medications, at least 10 sessions of physical therapy for cervical spine, modified work duty and periodic follow up visits. The utilization review dated 10-27-2015, non-certified the request for physical therapy 2x4 weeks for cervical and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xweek x4 weeks Cervical and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: The request for physical therapy 2 x week x 4 weeks cervical and right shoulder is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient has had at least 11 PT sessions for the neck. The MTUS recommends up to 24 postoperative PT sessions for this surgery and up to 10 visits for the shoulder condition with a transition to an independent home exercise program. The 9/19/15 document states that the right shoulder has good range of motion without pain. The left shoulder had significant limitations in range of motion with pain. The documentation does not reveal extenuating factors in the right shoulder that would necessitate 8 PT sessions for this body part. Therefore, the entire request for physical therapy for the cervical area and right shoulder are not medically necessary.