

Case Number:	CM15-0047485		
Date Assigned:	03/19/2015	Date of Injury:	07/18/2014
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/12/2015

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, Hawaii

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 46 year old female, who sustained an industrial injury on 7/18/2014. Diagnoses include cervicothoracic spine strain, right sided cervical radiculopathy, right rotator cuff tendinitis and impingement, right shoulder girdle strain and cervical disc protrusion C3, C4, C5, C6 and C7. Treatment to date has included medications, physical therapy and exercise. Per the Primary Treating Physician's Progress Report dated 2/16/2015 the injured worker reported improvement with therapy. Physical examination revealed tenderness to palpation of the right upper, mid and lower paravertebral and trapezius muscle of the cervical spine. Range of motion was decreased. There was increased pain with lumbar motion. There was tenderness to palpation of the right upper paravertebral muscled of the thoracic spine. There was parascapular and trapezius tenderness of the right shoulder girdle. There was tenderness to palpation of the anterior rotator cuff. There was mild AC joint and bicipital tenderness without irritability. Impingement sign was positive. The plan of care included continuation of medications, modified work, continuation of physical therapy and follow up care. Authorization was requested for 12 sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2 times a week for 6 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: The patient presents with right shoulder pain. The current request is for continued physical therapy 2 times a week for 6 weeks, right shoulder. The treating physician states on 2/13/15 (30B), "the patient is to continue with physical therapy". As of 2/13/15, the patient had completed 8 session of physical therapy (34B). MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The current request is for an additional 12 sessions. In this case, the clinical records provided have failed to document why this patient's condition continues to require physical therapy beyond the MTUS guidelines. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline. Therefore, the request is not medically necessary and the recommendation is for denial.